



CONSENT FOR RELEASE OF INFORMATION

DIRECTIONS TO PARENT: This form is to be submitted to the present school where your child is attending. It will provide information pertinent to your child's application. One or both parents should sign below.

DIRECTION TO SCHOOL ADMINISTRATOR: **Please keep this form in the student's cumulative file.** Thank you for your assistance.

I (we), _____ parent(s) or legal guardian of _____, birthdate _____, hereby grant permission to _____ to release copies of the educational records listed below of my (our) child to Hawaii Baptist Academy.

- 1. Standardized testing results
- 2. Transcript (grades 9-12)
- 3. Report Cards (Previous year and 1st semester of current year)

Mail records to:

Grades K-6

Director of Admissions
Hawaii Baptist Academy
21 Bates Street
Honolulu, HI 96817
Ph: (808) 536-6830 or 524-5477
Fax: (808) 524-8193

Grades 7-12

Director of Admissions
Hawaii Baptist Academy
2429 Pali Highway
Honolulu, HI 96817
Ph: (808) 595-7585 or 595-6301
Fax: (808) 595-6354

(Signature of parent/guardian)

(Signature of parent/guardian)

(Address)

(Telephone)

(Date)