



### 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 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) 564-0332

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date)