# PEARL HARBOR CHRISTIAN ACADEMY

94-1044 WAIPIO UKA STREET, WAIPAHU, HI 96797
PH: (808)-678-3997 FAX: (808)-678-6607


## AUTHORIZATION for PHCA to RELEASE SCHOOL RECORDS/INFORMATION

STUDENT: _____ DOB: _____ DATE:_____

PARENT/GUARDIAN: _____ PHONE/EMAIL: _____

I am the parent or legal guardian of the student named above and authorized to sign on behalf of my minor child to grant permission for:

**PEARL HARBOR CHRISTIAN ACADEMY**

to provide Letters of Recommendation, References, and/or any information regarding my child's school records, such as, but not limited to, academic performance, behavior, discipline, school activities, and extra-curricular activities, etc., to:

_____

PROSPECTIVE SCHOOL / ORGANIZATION

These items can be shared online or hard copy and I understand that all information provided is confidential and will be provided to the prospective school/organization, either directly or via a service that the prospective school/organization uses. The information will not be shared with or available to myself, the student named above, or parents of the student named above.

My signature below acknowledges that I have read and understand the above. A copy of this release is also valid as authorization for release of school records/information.

_____ _____

PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN PRINT NAME

_____

DATE