

# PEARL HARBOR CHRISTIAN ACADEMY

94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII 96789 (808) 678-3997

## REQUEST FOR RECORDS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Name/Relationship of Person Requesting Records: \_\_\_\_\_

Purpose of Request *(subject to office approval)*: \_\_\_\_\_

Items being requested: 1. \_\_\_\_\_

*Copies are provided  
for items requested.  
Official Records will  
only be released upon  
student's withdrawal  
from school.*

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Check the appropriate box and attach the processing and copying fee for the items listed above.

- \$2.00 for up to the first two copies per request (double-sided count as two copies)
- \$2.00 for the first two copies, plus 25¢ for each additional copy.
- \$20.00 (minimum) charge for retrieval of incidental/archived\* records
- No Charge** for records requested and being mailed directly to another school student is transferring to or applying. Please provide copy of request from the school with this form.

Total Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Office Use Only: ( ) Paid ( ) Copies Made & Distributed Date: \_\_\_\_\_

*\*items that are not normally in student cumulative file*

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## KEEP BOTTOM PORTION FOR YOUR RECORDS

Items being requested *(records provided within 5 school days)*:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

*"Committed to GOD and Academic Excellence"*

Sept 2015