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

CONSENT FOR RELEASE OF SCHOOL RECORDS to PHCA

DIRECTIONS TO PARENT(S): One or both parents should sign below. Please submit this form to your child's current school so school record copies can be released to Pearl Harbor Christian Academy. If your child is currently out of school, please submit to the last school attended.

ATTN: School Secretary / Registrar

I (We) _____, parent(s) or legal guardian(s) of _____,
STUDENT NAME

birthdate _____, hereby grant permission to _____
CURRENT OR PRIOR SCHOOL

to release and send, email or fax COPIES (not originals) of the school records listed below of my (our) child to:

PEARL HARBOR CHRISTIAN ACADEMY
ATTN: Admissions
94-1044 Waipio Uka Street
Waipahu, HI 96797
OR
FAX: 808-678-6607

Records should include, but are not limited to:

- ☐ Report Card
  - Current Year
  - Previous Year (if applicable)
- ☐ Standardized Test Results
- ☐ Transcripts (High School Applicants Only)

_____ _____
PARENT/GUARDIAN SIGNATURE DATE