



CONSENT FOR RELEASE OF INFORMATION

HAWAIIAN MISSION ACADEMY

1438 Pensacola Street, Honolulu, Hawaii 96822
Telephone: (808) 536-2207 - FAX: (808) 524-3294

A

To be completed by family

Student's current grade level 8 9 10 11 12

Name of student _____
(Please print) Last First Middle Commonly called

Sex: Male Female Age _____ Date of birth _____ To transfer on _____
Date

Name of parent/guardian/sponsor _____
Last First

Home address _____
Number & street or post office box City State Zip

Telephone (_____) _____ (_____) _____
Home phone Work phone

Current school's name _____ Date _____

Current school's address _____
Number & street or post office box City State Zip

Signature of Parent/Sponsor/Guardian _____ Date _____

Submit this *Consent for Release of Information (A)* along with the *Financial Clearance Form (B)* and the *Confidential Administrator's Report (C)* to your child's current school.

To registrar of student's current school

The student named above has submitted an application for admission to Hawaiian Mission Academy. My signature above, grants permission for you to release to Hawaiian Mission Academy copies of the student's school records. Please send:

- Standardized test results
- Transcript of completed courses and earned grades
- Financial Clearance Form* (attached)
- Confidential Administrator's Report* (attached)

Send the above four items to the attention of Director of Admissions at the address shown at the top.