

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

School Name: \_\_\_\_\_

## Pacific Union Conference Parental Authorization for the Release of Student Records

### *Cumulative Academic Record*

I have received the Cumulative Academic Record for \_\_\_\_\_.

I have authorized the Cumulative Academic Record to be released to the following school:

**Hawaiian Mission Academy**

I am not sure where the Cumulative Academic Record for \_\_\_\_\_ should be forwarded at this time but notification will be given in the future.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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### *Health Record*

I have received the Cumulative Academic Record for \_\_\_\_\_.

I have authorized the Cumulative Academic Record to be released to the following school:

**Hawaiian Mission Academy**

I am not sure where the Cumulative Academic Record for \_\_\_\_\_ should be forwarded at this time but notification will be given in the future.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date