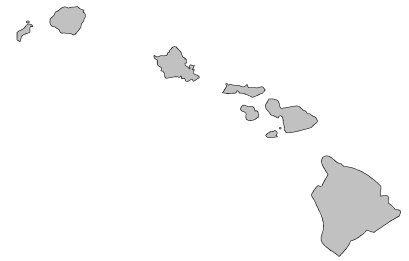




Lanakila Baptist Schools

"Pursuing Christ and Academic Excellence"



REQUEST & CONSENT FOR RELEASE OF INFORMATION

ATTN: SCHOOL ADMINISTRATOR/SECRETARY

I (we) _____, parent(s) or legal guardian(s)
of _____, Birth date _____,
hereby grant permission for _____

to release and send **COPIES** (not originals) of the educational records listed below to:

(Please provided a stamped envelope addressed to Lanakila Baptist Elementary School)

Lanakila Baptist Elementary School
94-1250 Waipahu Street
Waipahu, HI 96797

Records should include: **(Copies only)**

- Copy of Standardized testing results (most recent & prior year)
- Copy of Report Cards
(Previous year and 1st & 2nd quarter of current year)
- Copy of Current Student Health Card (Form 14)

Signature of Father/Guardian

Signature of Mother/Guardian

Address City State/Zip

Telephone Date

INSTRUCTIONS FOR COMPLETING THIS FORM:

At least one parent or guardian should sign this form.

Once completed, please submit this form to the school your child is presently attending.

If your child is currently out of school, please submit the form to the last school your child attended.

Thereafter, the school should forward copies of all requested records.