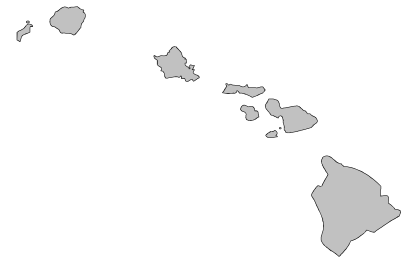




# Lanakila Baptist Schools

"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 High School)*

**Lanakila Baptist High School  
91-1219 Renton Road  
Ewa Beach, HI 96706**

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

- Copy of Standardized testing results (most recent & prior year)
- Copy of Report Cards  
(Previous year and 1<sup>st</sup> & 2<sup>nd</sup> 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.