

PEARL HARBOR CHRISTIAN ACADEMY

94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII 96789 (808) 678-3997

REQUEST FOR RECORDS

Student Name: _____ Date: _____

SSN#: _____ Birthdate: _____ Sex: _____

Name/Relationship of Person Requesting Records: _____

Purpose of Request *(subject to office approval)*: _____

Items being requested: 1. _____

*Copies are provided
for items requested.
Official Records will
only be released upon
student's withdrawal
from school.*

2. _____

3. _____

4. _____

Check the appropriate box and attach the processing and copying fee for the items listed above.

- \$2.00 for up to the first two copies per request (double-sided count as two copies)
- \$2.00 for the first two copies, plus 25¢ for each additional copy.
- \$20.00 (minimum) charge for retrieval of incidental/archived* records
- No Charge** for records requested and being mailed directly to another school student is transferring to or applying. Please provide copy of request from the school with this form.

Total Enclosed: \$ _____

Parent/Guardian Signature _____

Date _____

For Office Use Only: () Paid () Copies Made & Distributed Date: _____

**items that are not normally in student cumulative file*

KEEP BOTTOM PORTION FOR YOUR RECORDS

Items being requested *(records provided within 5 school days)*:

Date: _____

1. _____

2. _____

Amount Paid: _____

3. _____

4. _____

"Committed to GOD and Academic Excellence"

Sept 2015