



" Committed to GOD and ACADEMIC Excellence "

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS/INFORMATION

STUDENT: _____ DOB: _____ DATE: _____

PARENT/GUARDIAN: _____ PHONE/EMAIL _____

I am the parent or legal guardian of the student named above and authorized to sign on behalf of my minor child to grant permission for:

Pearl Harbor Christian Academy

to provide Letters of Recommendation, References and/or any information regarding my child's school records, such as but not limited to academic performance, behavior, discipline, school activities, and extra-curricular activities, etc. to:

Prospective School

These items can be shared on-line or hard copy and I understand that all information provided is confidential and will be provided to the prospective school, either directly or via a service the prospective school uses. The information will not be shared with or available to myself, the student named above, parents or guardians of the student named above.

My signature below acknowledges that I have read and understand the above. A copy of this release is also valid as authorization for release of school records/information.

Parent/Guardian SIGNATURE

Parent/Guardian PRINT Name

Date