Records Release Authorization

Parents: Please complete and submit this form to your child’s school office to authorize sending official copies of her/his educational records to St. Andrew’s Schools. Please request transcripts to be sent NO LATER than **February 1, 2021** or as soon as possible following the grading period.

TO BE GIVEN TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING

Consent for Release of Information

Student’s Name: ______________________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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Present School: __________________________________________________________

I hereby give authorization for the transfer of the following items to St. Andrew’s Schools:

- ✓ Current-to-date grades (completed first semester required for 6-12th grade applicants)
- ✓ Previous year grades
- ✓ Evaluations
- ✓ Standardized test scores
- ✓ Character evaluation/personal comments or impressions (optional)

________________________________________________________________________

Signature of Parent/Guardian

________________________________________________________________________

Printed Name of Parent/Guardian

________________________________________________________________________

Date

Mail transcripts directly to:
St. Andrew’s Schools
Office of Admission
224 Queen Emma Square
Honolulu, HI 96814

Phone: (808) 536-6102  •  Fax: (808) 531-8426