



Island Pacific Academy
Consent for Release of Information

To the Parent or Guardian

Please complete the form below and submit it to the registrar or school office personnel at your child's current school.

I, _____ , parent or legal guardian of
(Name of Parent or Legal Guardian)

(Child's Name)

hereby grant permission to

(Child's Current School)

to release copies of my child's educational records to Island Pacific Academy.

Signature of Parent/Guardian

Date

To the Registrar

The student named above is an applicant for admission to Island Pacific Academy. Please send copies of the following items to Island Pacific Academy. Thank you.

- Copies of transcript grades, or copies of report cards or progress reports from the current and previous school years only
- Copies of standardized test results, if applicable

Send to:

Island Pacific Academy
Director of Admission
909 Haumea Street
Kapolei, HI 96707

We thank you in advance for your assistance. Should you have any questions, please contact the Admission Office at (808) 674-3563.