SACRED HEARTS ACADEMY
Office of Admissions

3253 Waialae Avenue • Honolulu, Hawaii 96816 • 808-734-5058, ext. 224 • Fax 808-737-7867 • www.sacredhearts.org

CONSENT FOR RELEASE OF RECORDS

Parents: Please complete and submit this form to your daughter's current school.

This is to certify that the following student has applied for admission to Sacred Hearts Academy:

_____

Applicant Last Name First Name MI

I, hereby, grant permission to _____, to release
Current School
copies of the following educational records for the student listed above to Sacred Hearts Academy:

1. Report Cards
   - Most Recent Report Card of Current School Year
   - Final Report Card from Last School Year
2. Standardized Test Results
3. Current Transcripts (Applicants for Grades 10-12)
4. Teacher/Administrative Reference Reports

_____

Parent/Guardian Name Parent/Guardian Signature

_____

Street Address

_____

City State Zip Code

_____

Phone Number Date

Please send the above requested information to Sacred Hearts Academy's Admission Office by mail, email or fax.

MAIL: Sacred Hearts Academy, 3253 Waialae Avenue, Honolulu, HI 96816
EMAIL: admissions@sacredhearts.org
FAX: (808) 737-7867

Celebrating OVER 100 YEARS of Education