



## ST. ANDREW'S SCHOOLS

### **Records Release Authorization**

**Parents/Guardians:** 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.

### **TO BE GIVEN TO THE SCHOOL YOUR CHILD IS CURRENTLY ATTENDING**

#### **Consent for Release of Information**

Student's Name: \_\_\_\_\_  
First Middle Last

Current 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<sup>th</sup>-12<sup>th</sup> grade applicants)
- Previous year grades
- Evaluations
- Standardized test scores
- Character evaluation/personal comments or impressions (optional)

\_\_\_\_\_  
Signature of Parent/Guardian *(If entered digitally, this action signifies my electronic signature.)*

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

#### **Email items directly to:**

St. Andrew's Schools  
Office of Admissions  
224 Queen Emma Square  
Honolulu, HI 96813

[admissions@standrewsschools.org](mailto:admissions@standrewsschools.org)

Phone: (808) 532-2427