

SAINT LOUIS SCHOOL

CONSENT FOR RELEASE OF INFORMATION

PARENTS: *Please complete and submit this form to your son's current school, which is being asked to provide information pertinent to your son's application.*

I (We), _____, parent(s) or legal guardians of
_____, birthdate _____

hereby grant permission to _____, to release copies of
Current School

the following educational records of my (our) son to Saint Louis School:

1. Standardized testing results from current school
2. Report cards
 - Last year's final report card
 - Most recent report card of the current school year
3. Current transcripts (current gr. 9-12 only)
4. Teacher/Administrator reference reports

I understand that teacher reference reports are confidential and will not become part of my son's permanent file.

Parent/Guardian Signature: _____

Address: _____

City, State, Zip: _____

Telephone #: _____ Date: _____

Please send the above requested information to:

*Director of Admissions
Saint Louis School
3142 Waialae Avenue
Honolulu, HI 96816*