



Kauai Christian Academy

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"Academically excellent, Christ-centered education"



Records Release Form

In compliance with the Education Amendments of 1974, Family Educational Rights and Privacy Act of 1974, parents are requested to sign the following release. This release gives Kauai Christian Academy permission to request pertinent information regarding the applicant. All information received is considered confidential.

I hereby authorize and request the following institution to release **all** medical, educational, disciplinary, social, and/or psychological information regarding the following student:

Student's Full Name: _____

Student's Birthdate: _____

I release the following from all liability and all claims pertaining to the disclosure of this information.

Last School Attended

Name _____

Address _____

Phone _____

Fax (**Required**) _____

Email _____

I understand that non-disclosure of information related to previous behavior, disorders, educational, emotional, or substance abuse history will be grounds for immediate dismissal from Kauai Christian Academy, should the student be accepted.

Signature of Father (or Guardian) _____ Date _____

Signature of Mother (or Guardian) _____ Date _____