



ROOTS SCHOOL

Consent for Release of Student Records

Parents/Guardians: Please complete this form, and mail or email directly to your child's current and previous schools.

Student's Legal Name: _____ Date of Birth: _____

Current/Previous School Name: _____

School Address: _____

School Phone: _____ School Fax: _____

School Email: _____

Parent/Guardian - Please read and sign below

For the student/applicant named above, I authorize the release of all school records to Roots School.

Documents to include:

- Transcripts for at least the past two years
- All aptitude and achievement testing (e.g. TCAP, ERB, CogAT, or other)
- Most recent grades for the current year
- Attendance records
- Additional psycho-educational testing (WISC, DAS, or IEP, as appropriate)
- Disciplinary record

Name of Parent/Guardian (print) _____

Mailing Address _____

Phone _____ Email _____

Parent/Guardian Signature _____ Date _____

Dear School Registrar:

Please mail the records to:

Roots School
Office of Admission
PO Box 975
Haiku, Hawaii 96708-0975

School records may also be emailed to office@rootsmaui.org