

## **Request for Release of School Records**

## To Whom It May Concern:

The student named below is applying to Pacific Academy Irvine. This form is an official request for the release of the following documents. Please note: the student has not yet been accepted by Pacific Academy. Do **not** send cumulative records at this time. Thank you for your assistance.

Grade: Date of Birth:  I hereby authorize the release of the following school records from:  School Name:									
					School Address:				
					City:	State:	Zip:	Country:	
					Registrar's Email Ad	dress or School	Phone Number:		
Requested Records:									
	nic transcripts o	-							
	munization reco	rds							
Discipline rec									
<ul><li>Attendance re</li><li>Test scores (in</li></ul>		limited to CELDT an	d CCT)						
-	_	learning disabilities	-						
		evant to the student							
Decree (Constitution Circumstate)		D.L.C. Alt.							
Parent/Guardian Sign	ature	Relationship	Date						
Please send records	to								
Admissions Office									
Pacific Academy Irvin	e								
4947 Alton Parkway									

E-mail: admissions@pacificacademy.org

Irvine, CA 92604

Fax: (949) 398-5289