



EWA MAKAI MIDDLE SCHOOL
91-6291 KAPOLEI PARKWAY
EWA BEACH, HAWAII 96707

Ph. (808)509-1500
Fax (808)685-2052

REQUEST OF RECORDS for NON-Hawai'i DOE Schools

STUDENT'S LEGAL NAME: LAST FIRST MIDDLE DATE OF BIRTH

I hereby grant permission to _____
Name of Previous School

Address

City State Zip Code

Phone #

Fax #

to release and send pertinent and confidential records to **EWA MAKAI MIDDLE SCHOOL.**

Parent / Guardian Signature Date

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**TO BE COMPLETED BY SCHOOL OFFICIAL:**

This is to certify that above student has enrolled at Ewa Makai MS on \_\_\_\_\_  
ENROLLMENT DATE

Please send **ONLY PHOTOCOPIES OR OFFICIAL COPIES** of the records requested below:

- Birth Certificate or Passport
- Complete transcript of previous school years
- Credits and interpretation of your grading system
- Release grades at the date of withdrawal from your school.
- Last SAT or standardized test scores
- Record of Special Education service received.  
Psychological Evaluation and service.
- Behavior Report
- Physical Examination and Health Immunization Records

**!!!PLEASE DO NOT SEND THE ENTIRE CUMULATIVE FOLDER!!!**