



MID-PACIFIC INSTITUTE

REFERENCE REPORT FOR ADMINISTRATORS

To the parent or Guardian:

Please type or print the information requested on the first line of the reverse side. Complete and sign the consent for release of information printed below. Submit this sheet to an official at your child's school.

CONSENT FOR RELEASE OF INFORMATION

I, _____ ,
Name

Parent or legal guardian of _____
Student's name

Hereby grant permission to _____
Current school

To release copies of the following educational records of our child to MID-PACIFIC INSTITUTE:

1. Standardized testing results
2. Courses and grades
3. Personal comments and impressions

Signature of parent or guardian

date

Address

telephone

TO THE SCHOOL ADMINISTRATOR:

We sincerely appreciate your willingness to complete the REFERENCE REPORT FOR ADMINISTRATORS (see reverse side) for this applicant.

Please return the completed report to our office of admissions.
Should you have any questions, please contact our office at (808) 973-5005.



MID-PACIFIC INSTITUTE

HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS REFERENCE REPORT FOR ADMINISTRATORS

Student's name _____ Grade applying to _____
last first middle

Please send the following information (for the current and previous school year) to Mid-Pacific Institute.

1. Standardized testing results
2. Course grades

If the applicant is known to you, please give us your personal comments and impressions regarding his/her character and academic performance.

School _____

Your position _____

Signature _____ Date _____

**MAIL DIRECTLY TO:
Mid-Pacific Institute
Office of Admissions
2445 Ka'ala Street
Honolulu, HI 96822**