



‘ĀINA HAINA ELEMENTARY SCHOOL

REQUEST FOR STUDENT RECORDS

_____ Date Received
_____ Date Given to Tchr
_____ Date Processed

Request for copy/copies of the following for my child

_____, who is currently in Gr. _____,
Rm. _____. I understand that it will take 3-5 working days to process
my request.

Parent contact information: _____

Phone # _____

- ☐ Report Card for Grade _____
- ☐ HSA
- ☐ Health Record
- ☐ Other _____

Office to complete:	x	\$.25	=	\$
	# of copies	Cost per page		Total

(Office to fill out below)

Teacher Name

Date

Please send _____ CUM folder to the office
for copying. _____
Student Name

Please attach this form to the student's CUM folder. Thank you!