



TRANSCRIPT RELEASE REQUEST

215 Ridgeway Avenue
Oakland, CA 94611
Tel: 510-652-4722

LAST NAME: _____
FIRST NAME: _____
DATE: _____

I hereby give permission for the release of the records of my son,

_____, currently in grade _____.

Parent/Guardian Signature

Date Signed

Parent/Guardian Signature

Date Signed

Parent(s): Please give this completed form to an official at your son's current school and they will send it directly to PBA. The admission process cannot be completed without this form.

To the school: The above student is applying for admission to Pacific Boychoir Academy. Please send copies of the student's records and standardized test scores for the past two years to:

Pacific Boychoir Academy
Day School Admissions
215 Ridgeway Ave
Oakland, CA 94611