



**STATE OF HAWAI'I
DEPARTMENT OF EDUCATION**

**CONSENT FOR RELEASE
OF INFORMATION**

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Grant permission to the Hawai'i Department of Education, WAIAKEA HIGH SCHOOL
Name of DOE School or Office

155 W. KAWILI STREET HILO HI 96720
Address City State Zip Code

KELCY KOGA, PRINCIPAL 808-974-4888 808-974-4880
Department of Education Contact Phone Number Fax Number

To: RELEASE RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawai'i Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) **to or from the agency or person listed below:**

As requested per Transcript Request Form.

Name of Agency or Person Phone Number

Address City State Zip Code

Specify document(s)/information authorized for release or receipt:

Transcripts (official and unofficial as requested).

For the purpose of:

College Application, Job Application, Scholarship Application, Personal Use.

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

Parent/Legal Guardian or Eligible Student Signature

Date

PRINTED Name of Parent/Legal Guardian or Eligible Student

Phone Number

Address City State Zip Code