

Waiakea High School
155 West Kawili St
Hilo, HI, 96720
Phone No: (808)974-4888
Fax No: (808)974-4880

REQUEST FOR RELEASE

STUDENT NAME: _____ STUDENT ID: _____
(LAST NAME/FIRST NAME/ MI)

BIRTHDATE: ___/___/___ GRADE: _____ GENDER: _____ WITHDRAWAL DATE: ___/___/___
(MO/DAY/YR) (MO/DAY/YR)

Please release my child from **Waiakea High School** for the following reason (please check one):

TRANSFER TO:

_____ Hawaii Public School: _____

_____ Hawaii Private School: _____

_____ Another State: _____

_____ Another Country: _____

OTHER:

_____ 4140 Alternative Education _____

_____ 4140 Suitably Employed

_____ 4140 Health Reasons

_____ 4140 Homeschool

_____ 4140 Family Court

_____ Age 18

_____ Other: _____

New School Address, Phone# and Fax #(if known):

STUDENT'S CURRENT ADDRESS:

(STREET NUMBER AND NAME)

(CITY, STATE, ZIP)

(PHONE NO.)

STUDENT'S NEW ADDRESS:

(STREET NUMBER AND NAME)

(CITY, STATE, ZIP)

(PHONE NO.)

I am the **parent/legal guardian** of this student. I grant **Waiakea High School**

permission to transfer my child's student records to the next school of enrollment upon receiving a written request for records.

PERSON REQUESTING RELEASE:

PRINT: Parent/Legal Guardian /Eligible Student (18 yrs or older)

RELATIONSHIP OF REQUESTOR TO STUDENT

SIGNATURE: Parent/Legal Guardian/ Eligible Student (18 yrs or older)
To be completed in person at the Registrar's Office (electronic signature not accepted)

REQUEST DATE