



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, _____
Name of DOE School or Office

Address _____ City _____ State _____ Zip Code _____

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:

Name of Agency or Person Service Provider _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

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

Records for above-named individual for the past 2 years.

For the purpose of:

Receiving free educational and related services.

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 _____