



Kamehameha Schools Hawai'i
16-716 Volcano Road
Kea'au, HI 96749
Phone: (808) 982-0600
Fax: (808) 808-982-0610

Consent for Release of Records—New Invitee

To be completed by parent or legal guardian and delivered directly to student's current school.

_____ has accepted an invitation to enroll at
student first and last name
Kamehameha Schools Hawai'i beginning school year 2024-25 in grade 9.

I, _____ **hereby give consent to**
Parent or legal guardian name

Name of Current School

Address

Phone Number

to release my child's educational and medical records to Kamehameha Schools Hawai'i.

_____ date
parent or legal guardian's signature

address

_____ home phone _____ work phone

To be completed by current school Registrar and mailed at the end of the school year to:
Kamehameha Schools Hawai'i, 16-716 Volcano Road, Kea'au, HI 96749.

Please include this form with the following records for the above-named student:

- | | |
|---------------------------------|---|
| _____ Final Report Card | _____ All Prior Grade Reports or Transcript |
| _____ Standardized Test Results | _____ Health Records |

_____ date
signature of school official releasing records

title