



STATE OF HAWAI'I
DEPARTMENT OF EDUCATION

CONSENT FOR RELEASE
OF INFORMATION

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

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 Phone Number

Address City State Zip Code

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

For the purpose of:

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