Kamehameha Schools Hawai‘i
16-712 Volcano Road
Kea‘au, HI 96749
Phone: (808) 982-0400
Fax: (808) 982-0410

**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 7.

***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.***

_____ _____
parent or legal guardian’s signature date

_____
address

_____ _____
home phone work phone

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To be completed by current school Registrar and mailed at the end of the school year to:
Kamehameha Schools Hawai‘i, 16-712 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

_____ _____
signature of school official releasing records date

_____
title