



Kamehameha Schools Hawai'i  
16-714 Volcano Road  
Kea'au, HI 96749  
Phone: (808) 982-0200  
Fax: (808) 982-0210

### 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 2025-26 in grade 4.

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.**

\_\_\_\_\_  
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, 16-714 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