



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 2025-26 in grade 6.

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

_____ work phone
 home phone

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

_____ date
 signature of school official releasing records

 title