



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 2025-26 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