



**STATE OF HAWAI'I
DEPARTMENT OF EDUCATION**

**CONSENT FOR RELEASE
OF INFORMATION**

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

Grant permission to the Hawaii 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 Hawaii 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 guardians(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 _____