**STATE OF HAWAIʻI**
**DEPARTMENT OF EDUCATION**

# CONSENT FOR RELEASE OF INFORMATION

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

**Grant permission to the Hawaiʻi Department of Education,** West Hawaii Explorations Academy
Name of DOE School or Office

73-4460 Queen Kaahumanu Hwy. #105 Kailua Kona Hawaii 96740
Address City State Zip Code

Dr. Kristie Villarreal 808-327-4751 808-327-4750
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 Hawaiʻi 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:**

As requested per Transcript Request Form.
Name of Agency or Person Phone Number

As requested per Transcript Request Form.
Address City State Zip Code

**Specify document(s)/information authorized for release or receipt:**

Transcripts (official and unofficial as requested).

**For the purpose of:**

College Application, Job Application, Scholarship Application, Personal Use.

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 guardian(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

**DISTRIBUTION:** School Parent Agency