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CONSENT FOR RELEASE OF INFORMATION

To the Parent/Guardian

Please type or print the information requested, sign the Consent for Release of Information below, and submit this sheet to Ho`ala School.

I, _____, parent or legal guardian of _____ hereby grant permission

to Ho`ala School to release copies of the following educational records:

- 1) Standardized testing results
- 2) Courses and grades
- 3) Personal comments and impressions

Please send records to: _____

(Signature of parent/guardian)

(Date)

(Address)

(Telephone)

(Email Address)