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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 the counselor or principal at the candidate's current school.

I, _____, parent or legal
guardian of _____ hereby grant permission
to _____ to release copies of the
following educational records:

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

(Signature of parent/guardian)

(Date)

(Address)

(Telephone)

To the School Administrator:

We sincerely appreciate your willingness to submit the information requested for this candidate. Please mail or fax the records to the address or fax number above or email to:
admissions@hoala.org.