



For educational services to _____
(Student's Name)

whose birthdate is _____, I do hereby:
(Month/Day/Year)

1. Grant permission to _____
(Name of Agency or Person)

(Address)

(City/State/Zip Code)

to release information acquired on the above named student to:

University of Hawaii Center, West Hawaii

(Name of School, District Office, or State Office)

81-964 Haleki'i St.

(Address)

Kealahou, HI 96750

(City/State/Zip Code)

2. Grant permission to the Department of Education to disclose the following information, except that which is legally not subject to disclosure, to the agency or person named below.

a. Information authorized for release:

• EVALUATION SUMMARY REPORT

EDUCATIONAL /
• ACADEMIC ASSESSMENT REPORT

• PRIOR WRITTEN NOTICE FOR ELIGIBILITY

COGNITIVE /
• INTELLECTUAL ASSESSMENT REPORT

• CRITERIA WORKSHEET

• MOST RECENT IEP W/ ITP

b. For the purpose of:

College accommodations

c. Name of agency or person authorized to receive the information listed in 2.a. above:

Willow Aureala

Coordinator, Ha'awi Kōkua Program

(Name of Agency or Person)

University of Hawaii Center, WH 81-964 Haleki'i St. Kealahou, HI 96750

(Address)

(City/State/Zip Code)

This personal information will be transmitted to the agency or person named in 2.c. 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*.

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Eligible Student*)

(Date)

(Address)

(City/State/Zip Code)

(Telephone Number)

An "eligible student" is a student, at least 18 years of age.

DISTRIBUTION: Original (WHITE)-DOE, CANARY-Agency, PINK-Parent/Guardian/Eligible Student