



### KAMEHAMEHA SCHOOLS

Applicants that are 18 years and older that desires KS Financial Aid and Scholarship Services office to release information regarding their application and pertinent documents to others, including parents or guardians, must consent to the release by completing this Release of Information Form and submitting it to the Financial Aid and Scholarship Services office.

#### Authorization for Release of Information Form

Student Name:	Student ID or Application ID#:
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Date of Birth:	Last 4-digits of SSN:	Business Number:	
		Home Number:	
		Cell Number:	

Email Address:	
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Mailing Address:	

<b>Scholarship Program:</b>	<input type="checkbox"/> Na Ho'okama a Pauahi
	<input type="checkbox"/> Imi Na'auao
	<input type="checkbox"/> Prek-12 Financial Aid
	<input type="checkbox"/> Other:

By signing below, I, \_\_\_\_\_, hereby authorize Kamehameha Schools Financial Aid and Scholarship Services Department (FASS) to release any and all information, documents and other records maintained by FASS regarding me in connection with the above program(s). The authorization shall remain in effect until I send FASS written notice terminating the authorization.

#### Authorize to Release Information to: (Please PRINT)

Name		
Relationship:		Date of Birth:
Effective Dates:	From:	To:

#### Authorize to Release Information to:

Name		
Relationship:		Date of Birth:
Effective Dates:	From:	To:

_____	_____
Student's Signature	Date

Please return this form to:  
Kamehameha Schools  
Applicant Services Center  
567 S. King Street, Suite 102  
Honolulu, HI 96813  
Fax: (808) 523-6286