

AUTHORIZATION FOR RELEASE OF INFORMATION

Students aged 18 and older who wish for the Kamehameha Schools (KS) Financial Aid and Scholarship Services (FASS) office to release information about their application and relevant documents to others, including parents/guardians, must provide consent by completing and submitting this Authorization for Release of Information (ARI) form to the KS O`ahu Resource Center.

PLEASE PRINT LEGIBLY OR FILL IN USING ADOBE ACROBAT

Program: **KS College Scholarships** **Kāpili ‘Oihana Kamehameha**
 PreK-12 Financial Aid **Kamehameha Scholars**
 Other: _____

Student Name: (LAST name, First name, M.I.)		Student ID or Application ID#:
Date of Birth (MM/DD/YYYY)	Last 4-digits of SSN: (XX-XX ____)	Email Address:
Mailing Address:	Daytime Number:	
	Home Number:	
	Cell Number:	
AUTHORIZE TO RELEASE INFORMATION TO:		
Name (LAST name, First name, M.I.)		
Relationship to Student	Date of Birth (MM/DD/YYYY)	
Name (LAST name, First name, M.I.)		
Relationship to Student	Date of Birth (MM/DD/YYYY)	

I hereby authorize Kamehameha Schools Financial Aid and Scholarship Services to release information regarding my application to the above individual(s). I understand that this form is valid for the current school year only and must be resubmitted for subsequent years.

Student's Signature

Date

COMPLETE AND SUBMIT THIS FORM TO:

KS Oahu Resource Center
567 South King Street, Suite 102 | Honolulu, HI 96813
e-mail: KScollegeScholarships@ksbe.edu
tel. (808) 534-8080 or 1-800-842-4682, press 3
fax: (808) 523-6286