



AUTHORIZATION FOR RELEASE OF INFORMATION

Outreach Support Services
2020-2021 ACADEMIC YEAR

KAMEHAMEHA SCHOOLS®

Students 18 years of age and older who desire Kamehameha Schools (KS) Outreach Support Services (OSS) office to release information regarding their application and pertinent documents to others, including parents/guardians, must provide consent by completing and submitting this Authorization for Release of Information (ARI) form to the KS Resource Center.

PLEASE PRINT LEGIBLY

- Program:
- KS College Scholarships
 - Kāpili ‘Oihana
 - ‘Imi Na‘auao Scholarship
 - Kamehameha Scholars
 - Pre K-12 Financial Aid
 - 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 Outreach Support Services to release information regarding my application to the above individual(s). This authorization shall remain in effect until I send Outreach Support Services a written notice to terminate the authorization.

Student's Signature

Date

COMPLETE AND SUBMIT THIS FORM TO:

KS Resource Center
567 South King Street, Suite 102
Honolulu, HI 96813
Phone: (808)534-8080
E-mail address: ksrc@ksbe.edu

