



School Records Release Form

Date requested: _____

As the parent/guardian of _____ in grade _____, I grant
student

permission for: _____
name of school/address/city/state/zip

to forward his or her educational records, including transcript, latest report card, health records, disciplinary reports and special education records and state student ID#, if applicable to:

Kuleana Education
PO Box 2306
Kailua Kona, HI
96740

If a student is under the age of eighteen a parent or guardian must sign. If a student is over 18, he or she may sign. In order to receive academic, special education, and medical records from the school your child previously attended, we are required to obtain your written permission.

Authorized signature: _____
Parent/guardian or student if 18 or older

Address: _____

Phone (home): _____
Phone (work): _____