



STUDENT'S CERTIFICATE OF RELEASE

Student I.D. _____ **Date Released** _____
Month Day Year

NAME: _____ **Sex: M or F** **Birthdate** _____
Last First Middle Month day year

is released to _____ **School Grade** _____ **School Year** _____
Parent/Guardian Name

Lunch Subsidy: _____ **IEP: Yes** _____ **or No** _____
If yes new school must request files to be transferred

Signed: _____
Parent/Guardian

NOTE: Upon enrollment at new school, said school will please complete the below "NOTICE OF ENROLLMENT" form and send to Kula Aupuni Niihau A Kahelelani Aloha (KANAKA) PCS, P.O. Box 610, Kekaha, HI 96752. Phone number (808) 337-2022 at which time KANAKA will forward student's file.

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Cut along perforated lines

NOTICE OF ENROLLMENT

Date _____
Month Date Year

This is to certify that as of _____ 20____. Student _____
Last First Middle

Grade _____ **was enrolled/registered at our school:** _____

PLEASE SEND ALL RECORDS AS SOON AS POSSIBLE.

Signed _____
Administrator/Registrar

Remarks _____

Must be signed for transfers to private/mainland/other schools. Does not apply to transfers among Hawaii public schools.

I hereby give consent for the transfer of educational records of _____
Name

School

Parent/Guardian/Custodian-Eligible Student (18 years/older)

New Address New Telephone

City State Zip Date