

VARIETY SCHOOL OF HAWAII
710 Palekaua Street
Honolulu, HI 96816

RELEASE OF INFORMATION FORM

I(We), _____, hereby authorize Variety School of Hawaii,
Name of parent(s) or legal guardian
710 Palekaua Street, Honolulu, Hawaii 96816, to release the following information:

pertaining to _____, _____, to the:
Name of student Date of birth

1. _____
Name of school / agency or professional

Address

2. _____
Name of school / agency or professional

Address

This consent is subject to revocation at any time, but not retroactively. This consent will expire September 1 of the following school year, or at the time that the child ceases to be enrolled at Variety School. All other disclosure without the written consent of the person to whom they pertain or from the parent or empowered guardian or such person is prohibited.

Signature

Signature

Relationship

Date