



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KAIMUKI MIDDLE SCHOOL
631 18TH AVENUE
HONOLULU, HAWAII 96816
Phone: 733-4800; Fax: 733-4810

REQUEST FOR RELEASE

To: Registrar/Counselor

Please release my child from Kaimuki Middle School:

Last Name: _____ First: _____ Gr: _____

Last Day of School (Date): _____

New school student will be attending: _____

New Residence Address: _____

City State Zip

New Telephone No.: _____

Comments: _____

Permission is hereby granted to forward school records of my child as requested by the receiving school.

Parent/Guardian Name (Please Print) Parent/Guardian Signature Date