



ALU LIKE, Inc.
DEPARTMENT OF EMPLOYMENT & TRAINING
NATIVE HAWAIIAN SUMMER SCHOOL ASSISTANCE PROGRAM (NHSSAP)
CONSENT TO RELEASE INFORMATION FORM

K-8 9-12

STUDENT'S SOCIAL SECURITY NUMBER	STUDENT'S NAME (LAST, FIRST & M.I.)	STUDENT'S AGE

CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize ALU LIKE, Inc. to release my participant data to the Kamehameha Schools (KS). The information to be released will consist of data collected on my participation in an ALU LIKE, Inc. program funded by the Kamehameha Schools (KS). I understand the information is needed so that Kamehameha Schools (KS) can perform reasonable surveys and studies and utilize other evaluation tools necessary to evaluate the Program.

Name of Applicant (Print)

Birth Date of Applicant

Signature of Applicant or Parent/Legal Guardian (for minors)

Date

Address of Applicant

Telephone Number