



## Alaka'i Academy Disclosure of Information Consent Form

I/We, parents/guardians of \_\_\_\_\_,  
hereby grant permission to Alaka'i Academy, or anyone acting on its behalf, to release the following  
information regarding

- Me
- My family
- My child

To the following individual, organization, or agency: \_\_\_\_\_

The information to be released is limited to the following:

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This information is to be used for the following purpose:

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This consent is in good until \_\_\_\_\_  
(Specify date or duration of consent)

**This Waiver must be completed before Alaka'i Academy can disclose any information regarding you, your child or family, except in case of an emergency or when required by law.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_