



KAMEHAMEHA SCHOOLS®

AUTHORIZATION FOR RELEASE OF INFORMATION

Financial Aid and Scholarship
Services 2022-2023 ACADEMIC YEAR

Students 18 years of age and older who desire Kamehameha Schools (KS) Financial Aid and Scholarship Services (FASS) office to release information regarding their application and pertinent documents to others, including parents/guardians, must provide consent by completing and submitting this Authorization for Release of Information (ARI) form to the KS Resource Center.

PLEASE PRINT LEGIBLY OR FILL IN USING ADOBE ACROBAT

Program: ☐ KS College Scholarships ☐ Kāpili 'Oihana
☐ 'Imi Na'auao Scholarship ☐ Kamehameha Scholars
☐ Pre K-12 Financial Aid ☐ Other: _____

Student Name: (LAST name, First name, M.I.)		Student ID or Application ID#:
Date of Birth (MM/DD/YYYY)	Last 4-digits of SSN: (XX-XX-____)	Email Address:
Mailing Address:		Daytime Number:
		Home Number:
		Cell Number:
AUTHORIZE TO RELEASE INFORMATION TO:		
Name (LAST name, First name, M.I.)		
Relationship to Student		Date of Birth (MM/DD/YYYY)
Name (LAST name, First name, M.I.)		
Relationship to Student		Date of Birth (MM/DD/YYYY)

I hereby authorize Kamehameha Schools Financial Aid and Scholarship Services to release information regarding my application to the above individual(s). I understand that this form is valid for the current school year only and must be resubmitted for subsequent years.

Student's Signature

Date

COMPLETE AND SUBMIT THIS FORM TO:

KS Resource Center
567 South King Street, Suite 102
Honolulu, HI 96813
Phone: (808)534-8080
E-mail address: ksrc@ksbe.edu

Supplemental Form