



**STATE OF HAWAI'I
DEPARTMENT OF EDUCATION**

**CONSENT FOR RELEASE
OF INFORMATION**

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Grant permission to the Hawai'i Department of Education, OCID, Curriculum Innovation Branch, Career Readiness Section - Career & Tech Education

Name of DOE School or Office
 475 22nd Avenue, Room 217 Honolulu HI 96816
Address City State Zip Code
 Evangeline G. Casinas 808-306-9706 808-735-8227
Department of Education Contact Phone Number Fax Number

To: RELEASE RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawai'i Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) **to or from the agency or person listed below:**

FCCLA - Family, Career and Community Leaders of America 703-476-4900
Name of Agency or Person Phone Number
 1910 Association Drive Reston VA 20191
Address City State Zip Code

Specify document(s)/information authorized for release or receipt:

Student profile information: last name; first name; school; grade level; Department of Education issued student email; cell phone; gender; demographics; and date of birth.

For the purpose of:

Registration for membership affiliation within the National FCCLA organization. Emails will be used to log in for the Virtual State FCCLA Conference events/activities.

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

 Parent/Legal Guardian or Eligible Student Signature Date

 PRINTED Name of Parent/Legal Guardian or Eligible Student Phone Number

 Address City State Zip Code