

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS
CONSENT TO RELEASE OF INFORMATION

Please print in black ballpoint pen

NAME: _____
First Name *MI* *Last Name*

SOCIAL SECURITY NO.: _____

TYPE OF FILE (*please check where appropriate*)

APPLICATION FILE

LESSEE FILE

(Please check where appropriate or print name(s) of individual(s) you wish to permit access to your records)

I hereby agree and consent to the use of such personal information about me and my family within my application/lessee file by the Department of Hawaiian Home Lands or any of its offices to assist:

ALL MY FAMILY

MY SPOUSE

NAME(S) OF INDIVIDUAL(S)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

APPLICANT/LESSEE SIGN: _____
Signature *Date*

Have you notified the department in writing of any recent change in your address? Yes No
If No, write in:

New Address: _____
Street *Apt. No.* *City* *State* *Zipcode*

New Phone No.: _____ *Residence* Date effective: _____