



DAVID Y.IGE  
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
OUTCOMES AND COMPLIANCE BRANCH  
CERTIFICATION UNIT  
2201 Waimano Home Road Pearl City,  
HI 96782 TELEPHONE: (808) 453-6416  
FAX NUMBER: (808) 453-6217

In reply, please refer to:  
File;

**CONSENT TO RELEASE INFORMATION**

**PLEASE TYPE OR PRINT CLEARLY**

The following is requested of each household member, or responsible adult who is 18 years of age and older. This information will be used to obtain criminal history record checks through the Hawaii Criminal Justice Data Center. Please include your signature, to indicate your consent to the release of information.

IF a conviction on a household member, or responsible adult appears during a name check, you as the certified caregiver will be notified. You will need to obtain a copy of the conviction information from the Public Access computers at the main police departments or through the Adult Criminal Conviction Information website. (eCrim) at [www.ecrim.ehawaii.gov](http://www.ecrim.ehawaii.gov).

Submit the original conviction information to our office. Failure to submit the conviction information on a timely basis will affect your certification/recertification. If there are any questions, please call Certification Section at 453- 416.

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Gender (Check One):  MALE       FEMALE  
Signature: \_\_\_\_\_

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Social Security Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
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