



State of Hawaii  
Office of Language Access

## Consent to Release Information

The Office of Language Access (OLA) can help you better if it can share and receive information about your language access complaint. **With your consent**, OLA may disclose your identity or other identifying personal information to persons at the department, agency or organization under investigation. **Without your consent**, it may be more difficult for OLA to investigate your complaint.

### Contact Information

First Name	Last Name	Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	State	Zip Code
<input type="text"/>			
Phone	E-mail		
<input type="text"/>	<input type="text"/>		

### Consent Granted

1. I have read and understand the above information. I authorize OLA to disclose my identity and other personal identifying information to persons at the department, agency or organization under investigation.
2. I authorize OLA to receive material and information that is relevant to the investigation of my complaint. This includes, but is not limited to: applications; notices; letters about the denial or reduction of benefits; or any requests I may have made for translation assistance.
3. I understand that this information will only be used to assist in the investigation of my complaint.
4. This authorization is effective for one year from the date of this authorization.
5. I may also withdraw my consent, in writing, at any time.

**If you give consent, initial here** \_\_\_\_\_.

### Or, Consent Not Granted

1. I have read and understand the above information. I do not want OLA to disclose my identity or any other personal identifying information to persons at the department, agency or organization under investigation.
2. I understand that if I do not give my consent, the investigation of my complaint may be more difficult and OLA may not be able to resolve my complaint.

**If you do not give consent, initial here** \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return Form to:

Office of Language Access  
1250 Punchbowl Street, Room 201  
Honolulu, Hawaii 96813

### For Help or Questions:

E-mail: [doh.ola@doh.hawaii.gov](mailto:doh.ola@doh.hawaii.gov)  
Call: (808) 586-8730  
Neighbor Islands: 1 (866) 365-5955