

UNIVERSITY OF HAWAII AT HILO
CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

Student Name: _____

Student ID/Social Security Number: _____

I hereby authorize the University to release my student records/information to the following person(s):

1) Name: _____

2) Address: _____

The University is authorized to release only the following information. Student authorization is indicated by student's initials and date for each type of information to be released.

	Student Initial	Date Authorized
Student Record	_____	_____
Admission Application	_____	_____
Transcript	_____	_____
Grade(s) Information	_____	_____
Class Schedule	_____	_____
Withdrawal from University/Coursework	_____	_____
Account Balance/Payments	_____	_____
Registration/Transcript Holds	_____	_____
Disciplinary Sanctions	_____	_____
Police Reports	_____	_____
Financial Aid Information	_____	_____
Scholarship Awards/Letter	_____	_____
Other-Please Describe: _____	_____	_____

Authorization Statement

I hereby authorize the University to release the indicated information to the designated person(s) listed on this release. This authorization is considered valid until the following date or time: _____. All other non-directory information is not authorized for release.

Signature of Student

Date

**Student must present a picture ID and sign this form in the presence of a University employee.

Signature of UH-Hilo Representative

Date

If unable to obtain a University Representative signature, this form must be signed in front of a notary and must be stamped/signed accordingly.

Signature of Notary if applicable

Date

Please return this form to the Office of the Registrar.