University of Hawaii Diving Safety Program

AUTHORIZATION TO RELEASE RECORDS

Diver Name: _____ Date of Birth: _____

Diver Address: _____

_____

Home Phone: _____ Alt. Phone: _____

I request and authorize **The University of Hawaii Diving Safety Program** to release information to or furnish copies of my records to the recipient indicated below:

Name of Organization: _____

Authorized Recipient: _____

Mailing Address: _____

_____

City: _____ State/Country: _____ Postal: _____

Phone: _____ Fax: _____

Email: _____

INFORMATION TO BE DISCLOSED: By checking any of the boxes below, I specifically authorize the disclosure of the category of information indicated next to the box. The type of information to be disclosed is as follows**:**

(Please check all that apply)

- ☐ Training Verification Letter
- ☐ Dive Logs
- ☐ Certifications
- ☐ Diving Medical Clearance Only
- ☐ Complete Diving Medical Exam w/ Test Results
- ☐ Other: _____

AUTHORIZED MEANS OF TRANSFER: I authorize the exchange of this information via:

(Please check all that apply) ☐ Mail ☐ Fax ☐ E-mail ☐ Other: _____

PURPOSE: I authorize the **University of Hawaii Diving Safety Program** to disclose or release my information (including the confidential educational or medical records information I have selected above, if any) during the term of this authorization for the following purpose(s):

☐ Personal Record ☐ Program Transfer ☐ Job Application ☐ Other: _____

I understand that authorizing the release of Educational Records and/or Medical Information is voluntary and that I have a right to cancel/revoke this authorization at any time. I have read and understand the terms of this agreement and that it may take up to 2 weeks for the processing of this request. By my signature, I hereby knowingly and voluntarily authorize the University of Hawaii Diving Safety Program to disclose/release my records and information in the manner I have described above.

_____ _____

Signature of Diver Date

Please return signed release form to the University of Hawaii Diving Safety Program for processing

2040 East-West Road, Honolulu, HI, 96822* Phone: (808) 956-9643 Fax: (808) 956-6952 * uhdsp@hawaii.edu
http://www.hawaii.edu/ehso/diving-safety