



University of Hawaii Diving Safety Program

DSO \_\_\_\_\_
Instruction: \_\_\_\_\_

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)

- Entire Record
Dive Logs
Evaluations
Certification Records
Scientific Diving Course Exams
Diving Medical Exam Authorization
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/voke 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 \_\_\_\_\_