University of Hawai‘i at Mānoa  
Consent to Disclose Education Records to Third Party

I, __________________________, UH Number __ __ __ __ __ __ __ __, hereby give my consent to have my following education records disclosed to ____________________________________.

Specific Records to be Disclosed: __________________________________________
____________________________________________________________________________
____________________________________________________________________________

Reason for Disclosure: ___________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Third party must present a valid photo ID if appearing in person or must answer the following security question in order to access the information specified above.

Security Question: ______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Answer: ______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This request may be canceled at any time by the student. Requests to cancel this consent must be submitted in writing.

____________________________________________________________________________
Student’s Signature                                                                 Date
____________________________________________________________________________

Student Academic Success Center                                            Date

Updated 7/26/2018