

UNIVERSITY OF HAWAI'I
WAIVER OF ACCESS TO CONFIDENTIAL LETTERS/STATEMENTS

In accordance with the Family Educational Rights and Privacy Act, I hereby waive my “right of access” to any and all confidential letters and statements now held and hereafter submitted to the University of Hawai‘i respecting the following: (a separate waiver must be executed for each purpose)

____ Admission

____ Application for employment or creation of employment placement file

____ Receipt of an honor or honorary recognition (specify award or organization involved)

I understand that my waiver of this “right of access” is a voluntary action on my part and that I will not be permitted to view or otherwise obtain the information noted above.

____ / _____
(Name of Student) (Signature of Student)

____ / _____
(Date) (UH Number) (Birth Date)

UNIVERSITY OF HAWAI'I
REQUEST TO OPT OUT OF DIRECTORY INFORMATION

At the University of Hawai'i, the following information about a student can, by law, be released to the general public:

- Your name
- Major field of study
- Education level (i.e., freshman, sophomore, etc.)
- Fact of participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Most recent educational institution attended
- Degrees and awards received
- Enrollment status (full-time and part-time)

You have the opportunity to suppress this information from public release. By signing this non-disclosure form, the above information will not be released to non-University personnel.

Note that if you decide to withhold directory information, the University will be unable to confirm your enrollment to prospective employers. I further understand that this request will be honored until rescinded by me in writing. Please consider very carefully the consequences of any decision by you to withhold directory information.

I request non-disclosure of my directory information.

(Name of Student)

(UH Number)

(Birth Date)

(Student's Signature)

(Date)

Please note: This request to suppress information from public release does not apply to class rosters such as those located on MyUH and Laulima. According to FERPA, a student cannot remain anonymous in class.

Non-disclosure of directory information does not prevent University of Hawai'i from disclosing personally identifiable information from a student's record to authorized representatives of federal, state and local agencies when that disclosure is in connection with financial aid for which the student has applied or which the student has received, or any of the other exceptions to signed consent found in §99.31 of the FERPA regulations.

The institution will honor your request to withhold your directory information but cannot assume responsibility to contact you for subsequent permission to release them. Your request for non-disclosure will remain in effect until rescinded in writing.

.....
UNIVERSITY OF HAWAI'I
**REQUEST FOR REVOCATION OF NON-DISCLOSURE
OF DIRECTORY INFORMATION**

I hereby authorize the University of Hawai'i to remove the non-disclosure block from my education record.

(Student's Signature)

(Date)

(Date of Revocation)

(Student Record Representative)

(Representative's Signature)

UNIVERSITY OF HAWAII
REQUEST BY STUDENT TO INSPECT EDUCATION RECORDS

Section A

I, _____, _____, _____ a (___ currently
(Full name) (UH Number) (Birth Date)

enrolled / ___ former) student at _____,
(Campus)

hereby request to inspect my education records as follows:

Signature: _____ / Date _____

Section B (To be filled in by Custodian of Education Records)

Request by student is Approved Disapproved

Signature: _____ / Date _____

Section C (To be completed by student following the visual inspection of the requested education records)

I, _____, UH Number, _____ have been
granted access to the education records requested above.

Signature: _____ / Date _____

UNIVERSITY OF HAWAII
NOTIFICATION OF SUBPOENAED RECORDS

(Full Name of Student) (UH Number) (Birth date)

(Address of Student)

Your official records as listed below which are held by the

_____ at _____

(Office/Department) (Campus)

have been subpoenaed by (see copy attached):

The office named above will comply with the subpoena on _____

(Mo. / Day / Yr.)

Specific records subpoenaed:

This letter constitutes official notification to you as required by the **Family Educational Rights and Privacy Act of 1974.**

Sincerely,

(Custodian of Educational Records) (Date)

(To be completed in duplicate with one copy kept in Custodian's files; other copy attached to the student's records which are released.)

UNIVERSITY OF HAWAII
CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

I, _____, _____, _____ hereby give my
(Full Name) (UH Number) (Birth Date)

consent to have my education records for the _____ semester disclosed to the
following authorized individual: _____.

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 information specified above.

Security Question:

Answer:

(Student's Signature)

(Date)

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

(This consent form is required by the Family Education Rights and Privacy Act of 1974.)

UNIVERSITY OF HAWAII
**RESPONSE TO STUDENT REQUEST TO AMEND
EDUCATION RECORDS BY THE CREATOR OF THE DOCUMENT**

I have read the request to amend student education records regarding

_____, dated _____

(Type of Document)

by _____, _____, _____
(Name of student) (UH Number) (Birth Date)

and recommend the following:

___ That the entire document be destroyed.

___ That the document be returned to me.

___ That the specific portion in question be removed from the student's folder.

___ That the following be substituted for the questioned portion:

___ That the contents of the document remained unchanged.

This recommendation is made because

I understand that if I do not respond within seven working days after receiving notice of this request, the University may proceed on the basis of available information. I further understand that this reply will be made available to the student.

Signed _____ / Date _____

Title _____

**UNIVERSITY OF HAWAII
REQUEST FOR HEARING**

Student Name: _____

UH Number: _____

Informal Resolution (if applicable):

(Student's Signature)

(Date)

(Department Head Signature)

(Date)

**UNIVERSITY OF HAWAII
REQUEST FOR HEARING**

Student Name: _____

UH Number: _____

Date of Hearing: _____ Hearing Officer: _____

Summary of Findings:

Decision and Recommendations:

Date Decision Mailed to Student: _____

If the student's request has been denied, the student shall be notified that he/she may place a statement in the education record commenting on the decision of the University.

(Hearing Officer Signature)

(Date)