

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 I further understand that this request will be honored until rescinded by me in writing.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.

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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
SUBPOENA PROCESSING CHECKLIST

(To be completed by Custodian of Education Records)

Subpoenaed records of _____, _____, ____
(Last Name) (First) (MI)

UH Number: _____

Former/Maiden Name(s), if any: _____

Mailing Address:

Telephone Number: (_____) _____

Email: _____

Name of Student's Attorney: _____

Attorney's Address:

Attorney's Telephone Number: (_____) _____

Attorney's Email: _____

UNIVERSITY OF HAWAII
SUBPOENA CHECKLIST

Type of Subpoena: For the attendance of witnesses
(check all that apply) For the production of documentary evidence
 For taking depositions

Reason for Subpoena: _____

Date and Time Subpoena Was Accepted: _____ at _____: _____

Person Who Accepted Subpoena: _____

Notified University General Counsel Office of Subpoena (optional):

Date and Time: _____ at _____: _____

Further Action Taken: None. No need to request extension of subpoena
(check all that apply) compliance date as sufficient student notification time
allowed.
 Contacted requesting attorney for extension of compliance
until _____ so as to allow for required
notification of student.
 Request for extension granted.
 Request for extension denied.

Contacted Student Via: Telephone (Date / time) _____ at _____: _____
(check all that apply)

Mailed FERPA Form 9 with photocopy of subpoena
(Date mailed): _____

Comments:

Date and Time of Subpoena Compliance: _____ at _____: _____

By: _____ Date: _____
(Custodian of Education Records)

c: University General Counsel

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
RECORD OF REQUEST FOR AND DISCLOSURE OF STUDENT RECORDS

Student's Name _____ UH Number _____

Records to which student has waived "right to access" (list):

Date	Requested by	Eligibility by Reason of	Purpose of Disclosure	Granted	Denied	Date	Per Official
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter all requests for disclosure of the student's education records, except those involving the student or university officials with a legitimate educational interest.

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
REQUEST TO AMEND EDUCATION RECORDS

I, _____, _____, _____, upon viewing
(Full Name) (UH Number) (Birth Date)
the following document(s) _____,
(Type or Title)
created or authorized by _____, dated _____,
(Name, if known)
and contained in my education records, hereby question the ___ content ___ accuracy
of the document(s). Specific content questioned:

I am therefore requesting that the following action be taken:

- ___ That the entire document be destroyed.
- ___ That the document be returned to the originator.
- ___ That the specific portion in question be removed from my folder.
- ___ That this request be permanently affixed to the document.
- ___ That the following be substituted for the questioned portion:

The reason for my request is:

I understand that the author of the document described above will be provided an opportunity to review the document and indicate his/her position relative to my request. Should the author choose to respond, I understand I will be provided access to his reply.

Signature of Student _____ / Date _____

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

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

that a hearing be held concerning ____ access to ____ accuracy of my records.

This request is related to my ____ request for access ____ request to amend,

dated _____.

This hearing is being requested because:

(Student's Signature) (Date)

Received by: _____ 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)