



Authorization of Disclosure Release Form

Student Name: _____

UH ID#: _____

Phone Number: _____

Date of Birth: _____

STUDENT INFORMATION

The Family Educational Rights & Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings.

To authorize disclosure of your financial aid information to specific individual(s) or agency(ies), please complete the release section(s) below.

I authorize the release of my financial aid information to the following individuals:

Table with 2 columns: Name, Relationship. Five rows for listing individuals.

Student Signature: _____ Date: _____

HAWAII CC STUDENTS ONLY: 5 digit password (Example: 12345) _____

Note: Your password is to access Financial Aid information over the phone or in-person, without providing a state issued ID.

PARENTAL INFORMATION

I authorize the release of information to my child concerning financial documents.

Parent (Father/Mother/Stepparent) Name: _____

Parent Signature: _____ Date: _____

This form will remain valid until the student notifies the Financial Aid Office of any changes.

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

Table with 4 columns: College Name, Address, Email, Phone Number. Lists contact info for various community colleges.

UH HILO, UH WEST OAHU AND UH MAŊNOA STUDENTS NEED TO CONTACT THEIR FINANCIAL AID OFFICE FOR CAMPUS SPECIFIC FORMS.