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)

1 1 /	
Admission	
Application for employment or creat	ion of employment placement file
Receipt of an honor or honorary reco	egnition (specify award or organization
I understand that my waiver of this "right of that I will not be permitted to view or other	of access" is a voluntary action on my part and twise obtain the information noted above.
	_ /
(Name of Student)	(Signature of Student)
(Date)	(LIH 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 I further understand that this request will be honored until rescinded by me in writing.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)		_
	st to suppress information from According to FERPA, a stude			sters such as those located
information from a stude is in connection with fin	ory information does not prevent's record to authorized reprancial aid for which the studentsent found in §99.31 of the FI	esentatives of federal, nt has applied or whic	state and local ager	ncies when that disclosure
	your request to withhold your on to release them. Your request			
	REQUEST FOR REVO	RSITY OF HAWAI OCATION OF NOT ORY INFORMA	N-DISCLOSURE	<u></u>
I hereby authorize the U	niversity of Hawaiʻi to remov	e the non-disclosure b	lock from my educa	ation record.
(Student's Signature)		(Date)	
(Date of Revocation)	(Student Record Representative)	(Representa	tive's Signature)	

UNIVERSITY OF HAWAI'I REQUEST BY STUDENT TO INSPECT EDUCATION RECORDS

Section A				
I,(Full name)		.,, (UH Number)	(Birth Date)	a (curren
enrolled / form	ner) student at		(Campus)	
hereby request to ins				
Signature:		/ Da	ite	
Section B (To b			n Records)	
		/ Da	ite	
Signature:				
Signature: Section C (To b reque		_	_	
Section C (To b	ested education re	ecords)		
Section C (To b	ested education re	ecords), UH Number,		

FERPA Form 3 (2013)

UNIVERSITY OF HAWAI'I 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: ()		
Autorney's Telephone Number. ()		
Attorney's Email:		

UNIVERSITY OF HAWAI'I 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 Subpoen	a Was Accepted: at: _	
Person Who Accepted S	ubpoena:	
Notified University Gen	eral Counsel Office of Subpoena (optional):	
Date and Time: _	at:	
	None. No need to request extension of subpoena compliance date as sufficient student notification time allowed.	;
	Contacted requesting attorney for extension of compli	ance
	until so as to allow for require notification of student.	ed
	Request for extension granted.	
	Request for extension denied.	
(check all that apply)	Telephone (Date / time) at Mailed FERPA Form 9 with photocopy of subpoena	:
	(Date mailed):	
Comments:		
Date and Time of Subpo	pena Compliance: at:	
By:	Date:	
(Custodian of Education	Records)	
c: University General Cou	nsel	

FERPA Form 4 (2013)

UNIVERSITY OF HAWAI'I NOTIFICATION OF SUBPOENAED RECORDS

)	(UH Number)	(Birth date)
(Address of Student)			
Your official records as lis	sted below which are hel	ld by the	
		at	
(Office/Department)		(Cam	pus)
have been subpoenaed by	(see copy attached):		
The office named above w	rill comply with the subj	ooena on	
		(Mo. /	Day / Yr.)
Specific records subpoena	ed:		
This letter constitutes offic Rights and Privacy Act o		s required by the Fam	ily Education
		s required by the Fam	ily Education

FERPA Form 5 (2013) 1 of 1

attached to the student's records which are released.)

UNIVERSITY OF HAWAI'I RECORD OF REQUEST FOR AND DISCLOSURE OF STUDENT RECORDS

Student's	s Name		UH Number				
Records	to which student l	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.

FERPA Form 6 (2013)

UNIVERSITY OF HAWAI'I CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

1,	,	hereby give my
(Full Name)	(UH Number)	(Birth Date)
consent to have my education records for the	he	semester disclosed to the
following authorized individual:		
Specific Records to be Disclosed:		
Reason for Disclosure:		
Third party must present a valid photo ID is following security question in order to acce		
Security Question:		
Answer:		
(Student's Signature)		(Date)
This request may be canceled at any time be submitted in writing.	by the student. R	equests to cancel must be
(This consent form is required by the Family Educa	ation Rights and Pri	vacy Act of 1974.)

UNIVERSITY OF HAWAI'I REQUEST TO AMEND EDUCATION RECORDS

I,	,	, l	apon viewing
I,(Full Name)			
the following document(s)			,
	(Type o	r Title)	
created or authorized by(Name		, dated _	,
and contained in my education recor	ds, hereby question the	content _	accuracy
of the document(s). Specific content	questioned:		
I am therefore requesting that the fo	llowing action be taken	:	
That the entire document be d	estroyed.		
That the document be returned	d to the originator.		
That the specific portion in qu	estion be removed from	n my folder.	
That this request be permanen	tly affixed to the docun	nent.	
That the following be substitu	ted for the questioned p	ortion:	
The reason for my request is:			
I understand that the author of the de		-	
opportunity to review the document Should the author choose to respond			
Signature of Student		/ Date	
- 6			

UNIVERSITY OF HAWAI'I RESPONSE TO STUDENT REQUEST TO AMEND EDUCATION RECORDS BY THE CREATOR OF THE DOCUMENT

	, 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 remo	oved from the studen	t's folder.
That the following be substituted for the que	stioned portion:	
That the contents of the document remained This recommendation is made because	unchanged.	
I understand that if I do not respond within seven within request, the University may proceed on the base understand that this reply will be made available to	sis of available infor	_
Signed	/ Date	e
Title		

UNIVERSITY OF HAWAI'I **REQUEST FOR HEARING**

I,	,,	hereby request
(Full Name)	(UH Number)	
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 HAWAI'I **REQUEST FOR HEARING**

Student Name:	
UH Number:	
Informal Resolution (if applicable):	
(Student's Signature)	(Date)
(Department Head Signature)	(Date)

UNIVERSITY OF HAWAI'I **REQUEST FOR HEARING**

Student Name:		
UH Number:		
Date of Hearing:	Hearing Officer:	
Summary of Findings:		
Decision and Recommendations:		
Date Decision Mailed to Student:	;	
	denied, the student shall be notified commenting on the decision of the	
(Hearing Officer Si	gnature)	(Date)