

Kaua'i Community College

Leeward Community College

Windward Community College

University of Hawai'i Maui College

2020-21 Authorization of Disclosure Release Form

Student Name:		UH ID#:	
Phone Number:		Date of Birth:	
STUDENT INFORMATION			
establish the right of students	s & Privacy Act (FERPA) is a Federal law that protes to inspect and review their education records, are through informal and formal hearings.		
To authorize disclosure of you section(s) below.	ur financial aid information to specific individual(s) or agency(ies), please comp	olete the release
I authorize the release of my	financial aid information to the following indivia	duals:	
Name:		Relationship:	
Student Signature:		Date:	
	ligit password (Example: 12345) ancial Aid information over the phone or in-person, without pr		
•	*************	-	******
PARENTAL INFORMATION			
I authorize the release of info	ormation to my child concerning financial docume	ents.	
Parent (Father/Mother/Stepp	parent) Name:		
Parent Signature:	Date:		
This form will re	emain valid until the student notifies the	Financial Aid Office of	any changes.
RETURN THIS FORM ALONG WITH A	NY OTHER REQUIRED DOCUMENTATION TO THE COMMUNIT	TY COLLEGE CAMPUS THAT YOU WI	LL BE ATTENDING:
Community College Hawai'i Community College Honolulu Community College Kapi'olani Community College	Address 1175 Manono Street * Hilo, HI 96720 874 Dillingham Boulevard * Honolulu, HI 96817 4303 Diamond Head Road * Honolulu, HI 96816	Email hawccfao@hawaii.edu honccfao@hawaii.edu kapfao@hawaii.edu	Phone (808) 934-2712 (808) 845-9116 (808) 734-9537

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