

Kapi'olani Community College

Kaua'i Community College

Leeward Community College

Windward Community College

University of Hawai'i Maui College

Student Name: _____

Authorization of Disclosure Release Form

Phone Number:		Date of Birth:	
STUDENT INFORMATION			
to establish the right of stude	s & Privacy Act (FERPA) is a Federal law that prote ents to inspect and review their education records data through informal and formal hearings.		
To authorize disclosure of yo section(s) below.	ur financial aid information to specific individual(s	s) or agency(ies), please comp	olete the release
I authorize the release of my	financial aid information to the following indivi	duals:	
Name:		Relationship:	
Hawai'i CC Students ONLY : 5 (digit password (Example: 12345)		
PARENTAL INFORMATION	********************************	*****************	******
I authorize the release of info	ormation to my child concerning financial docum	ents.	
Parent (Father/Mother/Stepp	parent) Name:		
Parent Signature:		Date:	
This form will remo	ain valid until the student notifies the Fin	ancial Aid Office of any	changes.
RETURN THIS FORM ALONG WITH A	ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNI	TY COLLEGE CAMPUS THAT YOU WI	LL BE ATTENDING:
Hawai'i Community College Honolulu Community College	200 West Kawili Street * Hilo, HI 96720 874 Dillingham Boulevard * Honolulu, HI 96817	hawccfao@hawaii.edu honccfao@hawaii.edu	(808) 934-2712 (808) 845-9116

4303 Diamond Head Road * Honolulu, HI 96816

3-1901 Kaumuali'i Highway * Lihu'e, HI 96766

310 West Ka'ahumanu Ave * Kahului, HI 96732

45-720 Kea'ahala Road * Kāne'ohe, HI 96744

96-045 Ala 'Ike Street * Pearl City, HI 96782

(808) 734-9555

(808) 245-8360

(808) 455-0606

(808) 984-3277

(808) 235-7449

kapinfo@hawaii.edu

kauccfao@hawaii.edu

lccfao@hawaii.edu

mauifa@hawaii.edu

wccfao@hawaii.edu

UH ID#: _____