Hawai'i Pacific University

Registrar's Office

1164 Bishop Street, Suite 216 • Honolulu, HI 96813 • phone: (808)544-0239 • fax: (808)544-1168

STUDENT CONSENT TO RELEASE EDUCATION RECORDS

Directions

In compliance with the Federal Family Education Rights and Privacy Act of 1974, and the University Student Education Records Policy, the University is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Consent to Release Education Records authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the University Registrar's Office, at the address given above. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the same address. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records. Social Security data is used only for authentication on this form.

SECTION A. Student Information

_____ Name (last, first, middle initial)

_____ Social Security number (last four digits only) Or date of birth

@ _____ Student ID Number

_____ Current mailing address (street or P.O. box number, apartment number, city, state, and ZIP Code)

(_____)_____ Daytime phone number

SECTION B. Third party designee

_____ Name (last, first, middle initial)

_____ Social Security number (last four digits only) Or date of birth

(_____)_____ Daytime phone number

_____ Address (street or P.O. box number, apartment number, city, state, and ZIP Code)

_____ Relation to student

_____ E-mail address

Please initial one or more of the lines below to grant authorization to different types of information:

_____ Business Office: Billing statements, charges, credits, payments, loan disbursements, past due amounts, collection activity, communication history

_____ Registrar's Office: Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, access to academic records

_____ Financial Aid Office: FAFSA application data, financial aid disbursements, eligibility, financial aid Satisfactory Academic Progress status

_____ Other (be very specific) _____

SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record and/or account information.
This authorization does not permit the third party to make any changes.

_____ Student's signature

_____ Date

Revocation of Consent - Not valid until received by the University Registrar.
I hereby revoke the consent granted above:

_____ Student's signature

_____ Date

Registrar's Office Use: Initial Form: SOAHOLD _____; SPACMNT_____; By_____; Date_____

Audited By_____; Date:_____

Revocation: SOAHOLD _____; SPACMNT _____; Email sent to Office(s):_____

By_____; Date_____ Audited By_____; Date:_____