AUTHORIZATION TO RELEASE EDUCATION RECORD INFORMATION



REGISTRAR'S OFFICE

The Family Education Rights and Privacy Act (FERPA) generally prohibits Hawai'i Pacific University from disclosing personally identifiable information from a student's education records to a third party (including a student's parents) without the student's prior written authorization. You must complete a form for each party to whom you grant access. It is University policy not to release certain aspects of student records (i.e., registration, grades, GPA) over the phone or via email. Click here for more information about FERPA.

I hereby authorize Hawai'i Pacific University to disclose the following information from my education records to the third-party person identified below pursuant to the terms and conditions set forth.

A. Requested By (Stu	udent):					
Name:Las				<u>@</u>		
Las	st	First	MI	Student	ID No.	
Address:	Otro ot		City	04-4-	Zip Code	
			•	lander and the	·	
Telephone: * [* Email:	Email:@my.hpu.edu HPU designated email for conducting official University I		Birth:	
B. Release to (Recipi	ent):	c accignates		rola. Cristorolly addition		
Name:Las						
Las	st	First	MI	Organi	Organization/School	
Current Address:			0.1		7: 0 1	
	Street		City	State	·	
Telephone:	Email:			Relation to Student:		
C. The Information T	hat May Be Disclos	sed (check one or r	nore):			
				ry (including credit reporting disbursements, and/or continuation)	ng history), communication histor ollection activity	
Financial Aid	: Financial aid awar	ds. application data	. disbursements, eligi	bility, and/or financial aid	satisfactory academic progress	
	-		_	•	canonacion, academic progress	
<u>HPU Housing</u>	g: Housing contract,	housing assignmen	nt, housing charges a	nd/or payment		
<u>Registrar's O</u> enrollment	<i>ffice:</i> Grades/GPA ((in person only), d	emographic, registrat	ion (in person only) , aca	demic progress status, and/or	
Other (specif	y):					
D. The Information I	s Baina Disclase	d For The Followi	i ng Purnose (check	one).		
D. The information i	3 Demy Disclose	a i oi ille i ollowi	ing i dipose (check	<u>one,</u>		
	Family Communications Other (specify):		1 - 7		Academic Reference	
	on password in the space a authorize disclosure. Th	e password may be requ	ired before information is di	rs, or a combination. You must g sclosed as permitted by this auth	ive this password to the individual orization form. A form of photo	
		Aı	uthorization Passwor	⁻ d		
F. Student Signature						
This authorization expires on	the date I provide a writte	en revocation of this Auth	norization to Hawaiʻi Pacific	University.		
	Studen	ıt's Signature (Dig	ital signatures not a	ccepted)	Date	
G. Revocation of Cor I hereby revoke the consent						
Student's Si	gnature (Digital signatu	res not accented)	-	Date		
	FOR OFFICE USE	. ,	Release for	rm must be dropped off at the Hawa	i'i Pacific University Registrar's Office:	
Registrar 08/17/21	SOAHO INITIAL	OLD SPACMI	NT	500 Ala Moana Blvd, Suite 54 Phone: (808) 54	A, Honolulu, HI 96813 14-0239 I release form to <u>registrar@hpu.edu.</u>	