AUTHORIZATION TO REVOKE RELEASE OF EDUCATION RECORD INFORMATION

HAWAIʻI PACIFIC UNIVERSITY

REGISTRAR'S OFFICE

If you are planning to revoke FERPA authorization from an individual then you must complete a form for each party to whom you revoke access. Click here for more information about FERPA.

A. Requested by Student:

Name: _____ @_____
Last First MI Student ID No.

Address: _____
Street City State Zip Code

Telephone: _____ * Email: _____@my.hpu.edu Date of Birth: _____
** HPU designated email for conducting official University business*

B. Revocation of Consent:

I hereby revoke all consent granted to the individual listed below:

Name: _____ _____
Last First MI Relation to Student

_____ _____
Student's Signature (Digital signatures not accepted) **Date**

Registrar 09/28/23

FOR OFFICE USE ONLY:
_____ SOAHOLD _____ SPACMNT
_____ INITIALS _____ DATE
_____ *AUDIT* _____ *DATE*

Release form must be dropped off at the Hawai'i Pacific University Registrar's Office:
500 Ala Moana Blvd, Suite 5A, Honolulu, HI 96813
Phone: (808) 544-0239
If unable to come to the office, please email release form to registrar@hpu.edu.
Requests must come from my.hpu.edu email address.