AUTHORIZATION TO RELEASE EDUCATION RECORD INFORMATION

HAWAIʻI PACIFIC UNIVERSITY

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 (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. Release to (Recipient):

Name: _____ _____
Last First MI Organization/School

Current Address: _____
Street City State Zip Code

Telephone: _____ Email: _____ Relation to Student: _____

C. The Information That May Be Disclosed (check one or more):

- ☐ *Business Office:* Balances, billing statements, billing and repayment history (including credit reporting history), communication history, charges, credits, payments, past due amounts, University-maintained loan disbursements, and/or collection activity
- ☐ *Financial Aid:* Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress
- ☐ *HPU Housing:* Housing contract, housing assignment, housing charges and/or payment
- ☐ *Registrar's Office:* Grades/GPA **(in person only)**, demographic, registration **(in person only)**, academic progress status, and/or enrollment
- ☐ *Other (specify):* _____

D. The Information Is Being Disclosed For The Following Purpose (check one):

☐ Family Communications ☐ Employment ☐ Academic Reference
☐ Other (specify): _____

E. Authorization Password:

Please create an authorization password in the space below. The password can be a word, letters, numbers, or a combination. You must give this password to the individual identified above to whom you authorize disclosure. The password may be required before information is disclosed as permitted by this authorization form. A form of photo identification may also be required for requests submitted in person.

_____Authorization Password

F. Student Signature:

This authorization expires on the date I provide a written revocation of this Authorization to Hawai'i Pacific University.

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

G. Revocation of Consent:

I hereby revoke the consent granted above:

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

Registrar 08/17/21

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.