

UNIVERSITY OF HAWAII  
**CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ hereby give my  
(Full Name) (UH Number) (Birth Date)

consent to have my education records for the \_\_\_\_\_ semester disclosed to the  
following authorized individual: \_\_\_\_\_.

Specific Records to be Disclosed:

Reason for Disclosure:

Third party must present a valid photo ID if appearing in person or must answer the  
following security question in order to access information specified above.

Security Question:

Answer:

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

This request may be canceled at any time by the student. Requests to cancel must be  
submitted in writing.

(This consent form is required by the Family Education Rights and Privacy Act of 1974.)