

APPENDIX D

(Please type or print clearly)

UNIVERSITY OF HAWAI'I
CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

I, _____, Social Security No. _____ hereby give my consent to
(full name)

have my following education records disclosed to _____ .

Specific Records to be Disclosed: _____

Reason for Disclosure: _____

Student's Signature _____ / _____
(date)

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