



HONOLULU COMMUNITY COLLEGE - FINANCIAL AID OFFICE  
874 Dillingham Boulevard - Honolulu HI 96817

### Authorization to Release Information Form

Student Name: \_\_\_\_\_ UH ID #: \_\_\_\_\_  
Academic Year: \_\_\_\_\_  
(e.g. 2012-2013)

#### STUDENT INFORMATION

The Family Educational Rights & Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings.

To authorize disclosure of your financial aid information to a specific individual(s) or agency(ies), please complete the release section(s) below.

***I authorize the release of my financial aid information to the following individuals:***

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* The student must notify the Financial Aid Office in writing of any changes to or cancellation of this form.**

#### PARENTAL INFORMATION

***I authorize the release of information to my child concerning financial documents.***

Parent (Father/Mother/Step-Parent) Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\***This form will remain valid ONLY for the academic year listed above.**\*\*\*\*\*