

MAIL FORM TO:
ADMISSIONS AND RECORDS
874 DILLINGHAM BLVD
HONOLULU, HI 96817

**CONSENT TO RELEASE
CONFIDENTIAL INFORMATION
HONOLULU COMMUNITY COLLEGE**

ADMISSIONS AND RECORDS
Admissions Ph: (808) 845-9129
Admissions Fax: (808) 847-9829
Records Ph: (808) 845-9120
Records Fax: (808) 847-9872

Honolulu Community College must follow all applicable state and federal laws (FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

This release will be valid until the student invalidates it by completing a new form.

Student Information – Please print clearly

Name: _____
First Name Middle Initial Last Name

Address: _____
Street Address

City State Zip Code

Phone Number: _____ Date of Birth: _____

UH Student ID #: _____

Please release the following records
(Check all that apply):

Student Account Enrollment Status Attendance
 Course Schedule Academic Standing Grades
 Graduation Date Academic Transcript Degree Status
 Phone & Address
 Other (please list): _____

Restrictions (if any): _____

Release Information to:

Name: _____
First Name Middle Initial Last Name

Address: _____
Street Address

City State Zip Code

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Relationship to Student: _____

Security Code*: _____

***What is a Security Code?** This code allows the individual(s) you have listed to access your information if they contact the college. The code may be up to nine characters long. Honolulu Community College will not release protected information over the phone unless the person can provide the Security Code. **To update permissions, please submit a new consent to release form.**

TO SUBMIT:
Completed forms can be dropped off to the Admissions & Records Office. Forms can also be mailed. Please attach copy of valid ID to confirm signature.

Release Information to:

Name: _____
First Name Middle Initial Last Name

Address: _____
Street Address

City State Zip Code

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Relationship to Student: _____

Security Code*: _____

I hereby authorize Honolulu Community College to release confidential information about me contained in the college's records. I agree to hold Honolulu Community College and its employees harmless for any unauthorized use of my student records obtained by the indicated parties.

Signature

Date

Office Use Only:
Received by (Initials): _____ Entered in SPACMNT on: _____ Inputted by (Initials): _____

Form last updated on 2/6/2019