



**Consent to Release Student Information and Disclose Educational Records to a Third Party**

In compliance with the Family Educational Rights and Privacy Act of 1974 and the (FERPA) Board of Regents' policy on access to and release of student educational records, Kauai Community College is prohibited from providing certain information from your student records to a third-party, such as information on grades, degrees awarded, and other personal student information. This restriction applies, but is not limited to, your parent, your spouse, or any inquiry by a third party.

You may at your discretion, grant Kauai Community College permission to release information about your student records to a third party by submitting a completed *Consent to Release Student Information and Disclose Educational Records to a Third Party* form. You must complete a separate form for each third party to whom you are granting access to the information in your student records. The specified information will be made available only if requested by the authorized third-party. Kauai Community College will not automatically release/send information to the third party.

Please submit your completed form to:      Kauai Community College  
Admissions & Records Office  
3-1901 Kaumualii High  
Lihue, HI 96766

NOTE: For the third-party designee that you name on this form, this release overrides all FERPA directory suppression information that you have in your student records. This release will be valid until the student invalidates it by completing a new form.

***STUDENT INFORMATION – Please print clearly***

Name: \_\_\_\_\_ UH Student ID#: \_\_\_\_\_  
                    First Name                      Middle Initial                      Last Name

Current Mailing Address: \_\_\_\_\_  
  Street Address                                      City                                      State                                      Zip Code

Email Address: \_\_\_\_\_@hawaii.edu      Day Time Phone: \_\_\_\_\_

***THIRD PARTY DESIGNEE – Authorization to Release Information to:***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
                    First Name                      Middle Initial                      Last Name

Current Mailing Address: \_\_\_\_\_  
  Street Address                                      City                                      State                                      Zip Code

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\*Note: Email correspondence will be sent to/accepted from this email address ONLY.



When the party named above contacts Kauai Community College by phone, he/she will be asked to authenticate his/her identity by providing a security code. This code allows the individual you have listed to access your information if they contact the college. The code may be up to nine characters long. Kauai Community College will not release protected information over the phone unless the person can provide the Security Code.

Security Code: \_\_\_\_\_

**Type of Information allowed (Check all that apply):**

- Grades and GPA, current and past registration status, academic progress status and/or enrollment information, demographic information, and student ID number.
- Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory academic progress.
- Billing statements, charges, credits, payments, past due amounts and any collection activity.
- Access to any/all student records that are maintained by Kauai Community College's Admissions and Records Office.
- Other: \_\_\_\_\_  
Specify type of information

Purpose of release/disclosure: \_\_\_\_\_

**Certification**

By signing below, I hereby authorize Kauai Community College to disclose and discuss confidential information as indicated above from my education record with the individual listed above. I agree to hold Kauai Community College and its employees harmless for any unauthorized use of my student records obtained by the indicated party.

\_\_\_\_\_  
Student's Signature Date

**Revocation of Authorization (TO REVOKE A PRIOR AUTHORIZATION ONLY)**

By signing below, I hereby revoke any prior authorization for Kauai Community College to disclose my education record information to the individual listed above, effective immediately.

\_\_\_\_\_  
Student's Signature Date

<b>OFFICE USE ONLY:</b>		
<i>Date Received:</i>	<i>Received By:</i>	<i>Inputted By (SPACMNT):</i>