

2018-19 Authorization of Disclosure Release Form

Phone Number:	Date of Birth:
STUDENT INFORMATION	
The Family Educational Rights & Privacy Act (FERPA) is a Federal law establish the right of students to inspect and review their education naccurate and misleading data through informal and formal hearing	records, and to provide guidelines for the correction of
To authorize disclosure of your financial aid information to specific i section(s) below.	ndividual(s) or agency(ies), please complete the release
authorize the release of my financial aid information to the follow	ving individuals:
Name:	Relationship:
Student Signature:	Date:
HAWAI'I CC STUDENTS ONLY : 5 digit password (Example: 12345)	
Note: Your password is to access Financial Aid information over the phone or in-pers	
Parental Information	
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authorize the release of information to my child concerning finan	
Parent (Father/Mother/Stepparent) Name:	
Parent Signature:	Date:
This form will remain valid until the student no	tifies the Financial Aid Office of any changes.
DETURN THE FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO TH	E COMMUNITY COLLECT CAMPLIC THAT YOU WILL BE ATTENDING.
RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO TH	
Hawai'i Community College 1175 Manono Street * Hilo, HI 96720 Honolulu Community College 874 Dillingham Boulevard * Honolulu, HI	<u>hawccfao@hawaii.edu</u> (808) 934-2712 96817
Kapi'olani Community College 4303 Diamond Head Road * Honolulu, H	I 96816 <u>kapfao@hawaii.edu</u> (808) 734-9537
Kaua'i Community College 3-1901 Kaumuali'i Highway * Lihu'e, HI 9	
eeward Community College 96-045 Ala 'Ike Street * Pearl City, HI 96. Jniversity of Hawai'i Maui College 310 West Ka'ahumanu Ave * Kahului, HI	
Vindward Community College 45-720 Kea'ahala Road * Kāne'ohe, HI 9	

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