

APPENDIX D

(Please type or print clearly)

UNIVERSITY OF HAWAII
CONSENT TO DISCLOSE EDUCATION RECORDS TO THIRD PARTY

I, _____, SID No. _____,
(full name)

hereby give my consent to have the following education records disclosed to:

(full name)

Specific records to be disclosed are:

Reason for disclosure is:

Student's Signature _____ / _____
(date)

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