



2023-2024 RIO Change of Representative Form

This form is being submitted to make a change to the current list of Authorized Representatives for an RIO within academic year.

I, the undersigned certify that I have read the information in the RIO application, I have read and submitted my Authorized Representative Individual Signature Form, and I accept full responsibility for:

NAME OF ORGANIZATION: _____



SECTION 1: To be filled out by current authorized representative.

REPRESENTATIVE BEING REPLACED:

Print Name: _____

UH Number: _____

CURRENT AUTHORIZED REPRESENTATIVE APPROVING CHANGE:

Print Name: _____

UH Number: _____

Signature: _____

Date: _____

SECTION 2: To be filled out by new authorized representative.

NEW AUTHORIZED REPRESENTATIVE:

Print Name: _____

UH Number: _____

UH Email: _____@hawaii.edu

Phone: _____

UHM Affiliation: ___STUDENT ___FACULTY** _____STAFF**

POSITION IN THE RIO: _____

**Department: _____

Signature: _____

Date: _____

I AM REPLACING FORMER AUTHORIZED REPRESENTATIVE:

Print Name: _____

I will be replacing the main contact person for this RIO: ___ YES ___ NO

If yes, as the new Main Contact person my Mailing Address is: _____

I completed an online RIO orientation this academic year (2023-2024) on _____(date).

PLEASE EMAIL THE REPRESENTATIVE APPROVING THE CHANGE FORM TO SLD@HAWAII.EDU FROM YOUR OWN PERSONAL UH EMAIL ACCOUNT (USED TO VERIFY THE REPRESENTATIVE SUBMITTING THE FORM). THE NEW AUTHORIZED REPRESENTATIVE MUST SUBMIT THE INDIVIDUAL AUTHORIZED REPRESENTATIVE FORM, THE CHANGE OF AUTHORIZED REPRESENTATIVE FORM, AND COMPLETE RIO ONLINE ORIENTATION BEFORE THIS CHANGE WILL BE APPROVED.