



2024-2025 RIO Change of Authorized Representative Signature Form

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

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: _____



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 (2024-2025) on _____ (date).

PLEASE EMAIL YOUR CHANGE OF AUTHORIZED REPRESENTATIVE 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.