

**MAIL FORM TO:**  
**ADMISSIONS AND RECORDS**  
874 DILLINGHAM BLVD  
HONOLULU, HI 96817

**CONSENT TO RELEASE  
CONFIDENTIAL INFORMATION  
HONOLULU COMMUNITY COLLEGE**

**ADMISSIONS AND RECORDS**  
Admissions Ph: (808) 845-9129  
Admissions Fax: (808) 847-9829  
Records Ph: (808) 845-9120  
Records Fax: (808) 847-9872

Honolulu Community College must follow all applicable state and federal laws (FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

**This release will be valid until the student invalidates it by completing a new form.**

**Student Information – Please print clearly**

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

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

UH Student ID #: \_\_\_\_\_

**Please release the following records**  
(Check all that apply):

Student Account     Enrollment Status     Attendance  
 Course Schedule     Academic Standing     Grades  
 Graduation Date     Academic Transcript     Degree Status  
 Phone & Address  
 Other (please list): \_\_\_\_\_

**Restrictions (if any):** \_\_\_\_\_

**Release Information to:**

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

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

**\*What is a Security Code?** This code allows the individual(s) you have listed to access your information if they contact the college. The code may be up to nine characters long. Honolulu Community College will not release protected information over the phone unless the person can provide the Security Code. **To update permissions, please submit a new consent to release form.**

**TO SUBMIT:**  
Completed forms can be dropped off to the Admissions & Records Office. Forms can also be mailed. Please attach copy of valid ID to confirm signature.

**Release Information to:**

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

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

I hereby authorize Honolulu Community College to release confidential information about me contained in the college's records. I agree to hold Honolulu Community College and its employees harmless for any unauthorized use of my student records obtained by the indicated parties.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Office Use Only:**  
Received by (Initials): \_\_\_\_\_ Entered in SPACMNT on: \_\_\_\_\_ Inputted by (Initials): \_\_\_\_\_

Form last updated on 2/6/2019