HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Hawaiʻi Pacific Health Medical Assistant Program
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Hawaiʻi Pacific Health Medical Assistant Program
Consent to Disclose Educational Records

Use: In accordance with program policy, the Hawaiʻi Pacific Health Medical Assistant Program will disclose information from the academic records of a student to a third party, provided that the Program has on file written consent of the student. The party listed below is required to show a valid photo ID prior to obtaining access to the student's record if picking-up in person. No information will be released via mail, unless authorized by the student (must be stated below). If you wish to revoke this request at any time, you must notify the Admission's office in writing (email requests and digital signatures will not be accepted).

Instructions: Print legibly. Complete and return to the address above in-person or by mail. A current photo ID is required for verification. Acceptable forms of ID are a Driver's License, State ID, or Passport.

First Name:		Middle Initial:		Last Name:	
Last 4 of SSN:		DOB:		Year Entered Program:	
Student ID:		Email:			

RELEASE MY EDUCATIONAL RECORDS TO:

First Name:		**Last Name:**	
Name of Company/Organization/School:			
Mailing Address: (If records will be mailed)			

State specific educational records to be released (do not list "ALL"):

Reason(s) for disclosure:

DURATION OF CONSENT: Initial next to ONE option

Option 1: Limited Duration

_____ I acknowledge that this consent should only be valid from ____ / ____ / ____ to ____ / ____ / ____

Option 2: Permanent

_____ I acknowledge that this consent shall remain in effect until written revocation, by me, is received by the Admissions Office.

_____ _____
Signature Date

REVOCATION OF CONSENT

I, _____, hereby revoke my consent to release my

education records effective _____.
MM/DD/YY

_____ _____
Signature Date

FOR OFFICE USE ONLY

☐ Release of Information:
- Processed By/Date: _____

☐ Revocation of Disclosure:
- Processed By/Date: _____