

HAWAI'I COMMUNITY COLLEGE
Admissions & Records Office
200 W Kawili St
Hilo, HI 96720-4091

SEMESTER (CHECK ONE):

- Fall _____
 Spring _____
 Summer _____

REQUEST NOT TO RELEASE DIRECTORY INFORMATION

Name: _____ UH ID #: _____
Last First M.I.

I understand that under the Family Education Rights and Privacy Act, Hawai'i Community College may release certain Directory Information about me to other persons without my permission. I request that the following Directory Information about me not be released to third parties without my expressed permission, which is within the rights given to me under the rules of the Family Education Rights and Privacy Act:

Do not release the information checked off below:

- Name of student
 Major field of study
 Class standing
 Dates of attendance
 Enrollment status (full-time, part-time)
 Degree(s) conferred (including dates)
 Honors and awards (including Dean's list)

By signing below, I consent that Hawai'i Community College may not disclose any directory Information to any third party requestor.

The Non-disclosure shall remain in effect:

- The entire duration of enrollment at Hawai'i Community College
 Academic year (please specify): _____

Date: _____ Signature: _____