

# FERPA Authorization Form

## SPECIAL AUTHORIZATION FOR ACCESS TO STUDENT EDUCATIONAL RECORDS

I understand that under the provisions of the Federal Rights and Privacy Act of 1974 (FERPA), as amended, I have the right to inspect and review all academic College records directly related to me. I also understand that my educational record, except as otherwise designated in the by the College as directory information, will not normally be released without my approval. However, I hereby authorize Leeward Community College to release such records as would be pertinent to my educational progress to the person(s) named below. I further waive any requirement that I be furnished a copy of those records prior to or concurrent with release. This consent shall remain in effect for this one time release for as long as I am enrolled in my current program of study at Leeward Community College, unless it is withdrawn in writing by me.

Name (Print)	
Home Address, City, State, and Zip	
ID Number	Date of Birth

### Information may be release to:

Information categorized for this purpose: grade reports, class attendance records, discipline and conduct records, financial/billing records, honors, educational assessments, academic progress monitoring records and training records in Leeward Community College.

Name of Company or Individual (Print)
Address, City, State, and Zip
Second Company Name or Individual (if different from above)
Address, City, State, and Zip

Signature	Date
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### Office of Continuing Education & Workforce Development

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UNIVERSITY of HAWAII\*  
**LEEWARD**  
COMMUNITY COLLEGE

LEEWARD COMMUNITY COLLEGE  
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CONTINUING EDUCATION & WORKFORCE DEVELOPMENT