

**UNIVERSITY OF HAWAII AT HILO**  
**University Disability Services Office**  
**200 W. Kawili Street**  
**Hilo, Hawaii 96720**  
**Ph (808) 933-0816, fax (808) 9747691, email: uds@hawaii.edu**

**CONSENT TO RELEASE INFORMATION**

**(This consent Form is required by the Family Educational Rights and Privacy Act of 1974)**

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I, \_\_\_\_\_, hereby grant my permission and authorize you to access lease the following designated information records (please initial next to the item(s) :

\_\_\_\_\_ Medical diagnosis

\_\_\_\_\_ Diagnosis and assessment of learning disability

\_\_\_\_\_ other ( specify)

