Print Clear Form

UH Hilo Financial Aid Office

CONSENT TO DISCLOSE FINANCIAL AID INFORMATION TO A THIRD PARTY

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Non-directory education records are considered confidential and will not be released without written consent from the student.

This **Consent to Disclose Financial Aid Information to a Third Party** form authorizes the person(s) identified below to have access to otherwise confidential information protected under the FERPA law.

● WHO GIVES CONSENT

Student Name: _____
Last First M.I.

UH ID Number: _____

UH Username: _____

● WHAT INFORMATION CAN BE RELEASED

☐ There is **no restriction** on what financial aid information can be released.

☐ The UH Hilo Financial Aid Office **may not** release information related to the following:

- ☐ Outstanding Requirements
- ☐ FAFSA Information (income/tax information)
- ☐ Financial Aid Awards (includes award amounts, financial need, cost of attendance, etc.)
- ☐ Billing and Payments
- ☐ Satisfactory Academic Progress
- ☐ Other (please specify): _____

● WHO IS AUTHORIZED

The person(s) named below is/are authorized to receive my financial aid information:

Name: _____ Relationship/Organization: _____

Name: _____ Relationship/Organization: _____

Name: _____ Relationship/Organization: _____

● SECRET PASSPHRASE

Please provide a passphrase that only you and the third party will know. This will be used to authenticate that third party. Be sure to share this passphrase with the authorized person(s). Confidential information will not be released if authentication fails. ***Do not use any passphrase or password you use for other purposes.***

Passphrase Question: _____

Passphrase Answer: _____

I hereby authorize the release of my financial aid information to the person(s) named above. I understand that this authorization will remain in effect until I revoke it in writing or cease enrollment at UH Hilo.

Signature: _____ Date: _____

Return this form to: UH Hilo Financial Aid Office, 200 W. Kawili Street, Hilo, HI 96720-4091, by email: uhhfao@hawaii.edu or by fax: 808-932-7797

Revised Nov. 2025