

# University of Hawai'i at Hilo

## Pre-Departure Forms

**CONGRATULATIONS ON YOUR ACCEPTANCE TO YOUR STUDY ABROAD DESTINATION. TO ENSURE YOUR PROTECTION AND SAFETY, YOU ARE REQUIRED TO FILL-OUT AND RETURN THE FOLLOWING FORMS.**

**(Forms Attached)**

- A. Risk and Release Form
- B. Family Educational Rights and Privacy Act (FERPA) Form
- C. Health Insurance Portability and Accountability Act (HIPAA) Form
- D. Medical Insurance Certification
- E. Permission to Use Photographic Images

**\*\* Student must present an official picture ID and sign specified forms in the presence of an official University of Hawai'i at Hilo employee (faculty or staff member)**

**Please complete and return all documents to The Center for Global Education and Exchange (SSC, Room E-202) by**

**University of Hawai'i at Hilo**

**Acknowledgement of Risks and Release of Responsibility**

Name \_\_\_\_\_ UH ID \_\_\_\_\_

Program \_\_\_\_\_ Program Dates \_\_\_\_\_

The University of Hawai'i at Hilo offers students the opportunity to enroll in overseas study programs. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country. Those unwilling to accept these associated risks should not participate in a study program abroad.

The University of Hawai'i at Hilo cannot guarantee the health and safety of participants in an overseas study program or eliminate all risks from study abroad environments.

Please read, complete and sign this form before your program of international study begins. Students who fail to complete and sign this form will not be allowed to participate in any overseas programs sponsored by the University of Hawai'i at Hilo.

- I understand that there are certain risks associated with international travel and residence in a foreign country and that the University of Hawai'i at Hilo and its staff cannot control these risks.
- I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents; storms; floods, earthquakes, and other natural disasters; infectious diseases, inadequate medical care; remote access to medical treatment; armed insurrections; and terrorist activities.
- I understand that the University of Hawai'i at Hilo is not in the position to guarantee my personal health or safety during my participation in an overseas program.
- I understand and hereby acknowledge that I assume all risks incurred by my participation in an overseas study program.
- In consideration of being allowed to enroll and participate in a UHH international program, the undersigned hereby releases the University of Hawai'i at Hilo, its Board of Regents, officers, agents and employees from any and all claims arising out of or in any way connected with UHH international programs and the undersigned's participation in the program, including, but not limited to the risks as outlined above.

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Student's Signature

Date

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Witness's Signature

Date

**UNIVERSITY OF HAWAI'I AT HILO**  
**CONSENT TO DISCLOSE EDUCATION RECORDS**

The Center for Global Education and Exchange at the University of Hawaii at Hilo is legally prohibited from releasing the information contained in your educational files to anyone except you, in accordance with Family Educational Rights and Privacy Act (FERPA). In order for other individuals to have access to your educational files, financial aid information, or student accounts, you must complete and return this form.  
 Visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html> for more information.

Name: \_\_\_\_\_  
                     *First*  *MI*  *Last*

Student ID Number: \_\_\_\_\_

Check one:

\_\_\_ I authorize a staff member from the UH Hilo Center for Global Education and Exchange to release my student records/information to the individuals listed below. If so, please complete contact information below.

\_\_\_ I do not authorize a staff member from the UH Hilo Center for Global Education and Exchange to release my student records/information.

List name(s) of person(s) and their contact information (**Name, Relationship, Phone Number(s), E-mail Address, and Mailing Address**) to release medical information to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The University is authorized to release only the following information. Student authorization is indicated by student's initials and date for each type of information to be released.

	Student Initial	Date Authorized
Student Record	_____	_____
Admission Application	_____	_____
Transcript	_____	_____
Grade(s) Information	_____	_____
Class Schedule	_____	_____
Withdrawal from University/Coursework	_____	_____
Account Balance/Payments	_____	_____
Registration/Transcript Holds	_____	_____
Disciplinary Sanctions	_____	_____

Police Reports	_____	_____
Financial Aid Information	_____	_____
Scholarship Awards/Letter	_____	_____
Other-Please Describe: _____	_____	_____

**Expiration and Revocation**

Expiration: This authorization will expire on \_\_\_\_/ \_\_\_\_/ \_\_\_\_ (mm/dd/yy)  
 You have the right to revoke this information at anytime by giving written notice of your revocation to the Center for Global Education and Exchange. Revocation of this authorization will not affect any action the office took on reliance on this authorization before notice of revocation was received. All other non-directory information is not authorized for release.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\* Student must present an official picture ID and sign this form in the presence of an official University employee.

**Signature of UH Hilo Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If unable to obtain a University Representative signature, this form must be signed in front of a notary and must be stamped/signed accordingly.

**Signature of Notary if applicable:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# University of Hawai'i at Hilo

## Release of Medical Information

This form is to be completed by University of Hawai'i at Hilo students who are participating in study abroad programs overseas. The purpose of this form is to help the Center for Global Education and Exchange be of maximum assistance to you should the need arise during your study abroad experience. Changes in diet and climate can cause some hardship for students. And mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program administrators be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. This information will be kept confidential in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) and will only be shared with program staff in the event that it becomes pertinent to your well-being. Visit [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) for more information. This information will not effect your admission to the program.

Name: \_\_\_\_\_  
*First* *MI* *Last*

Overseas Site (institution/city/country): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Circle One: M / F Other: \_\_\_\_\_  
MM/DD/YYYY

### Part A. Medical Release

In case of an overseas medical emergency, the Center for Global Education and Exchange asks for your permission to release medical information to your parents, family members, or other responsible party in the event you need care or evacuation.

Check one:

I authorize a staff member from the UH Hilo Center for Global Education and Exchange to contact any of the individuals listed below to provide them with medical information in the event that I need medical care or evacuation while I am overseas. If so, please complete contact information below.

I do not authorize a staff member from the UH Hilo Center for Global Education and Exchange to contact anyone to release medical information in the event that I need medical care or evacuation while I am overseas.

List name(s) of person(s) and their contact information (**Name, Relationship, Phone Number(s), E-mail Address, and Mailing Address**) to release medical information to:

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### Part B. Medical History

Yes\_\_ No\_\_ Are you in generally good physical condition? (If no, please explain.)

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Yes\_\_ No\_\_ Do you have any allergies? (If yes, please list/explain.)

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Yes\_\_ No\_\_ Are you currently taking any medications? (If yes, please list/explain.)

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Yes\_\_ No\_\_ Are you a vegetarian or do you have any special dietary requirements? (If yes, please explain.)

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Yes\_\_ No\_\_ Have you had any major injuries, diseases or ailments in the past two years? (If yes, please list/explain.)

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Yes\_\_ No\_\_ Is there any additional information (concerning medical conditions, psychological conditions, or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain.)

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**Part C. Expiration and Revocation**

Expiration: This authorization will expire on \_\_\_\_/ \_\_\_\_/ \_\_\_\_ (mm/dd/yy)

You have the right to revoke this information at anytime by giving written notice of your revocation to the Center for Global Education and Exchange. Revocation of this authorization will not affect any action the office took on reliance on this authorization before notice of revocation was received.

**Part D. Signature of Student**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Student must present an official picture ID and sign this form in the presence of an official University employee.

Signature of UH Hilo Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If unable to obtain a University Representative signature, this form must be signed in front of a notary and must be stamped/signed accordingly.

Signature of Notary if applicable: \_\_\_\_\_ Date: \_\_\_\_\_

University of Hawai'i at Hilo

Insurance Certification

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Passport #/ Country of issuance: \_\_\_\_\_ Overseas Site: \_\_\_\_\_  
City/Country

Part I (Please attach proof of coverage to this form.)

A. I certify I hold health/medical insurance coverage with \_\_\_\_\_,  
Name of Company  
and have a policy that includes evacuation and repatriation coverage from \_\_\_\_\_  
\_\_\_\_\_.

OR

B. I certify that I am covered for health/medical insurance and for evacuation and repatriation under:  
\_\_\_\_\_  
Name of policy holder

<b>I herewith consent to have the above named company(ies) release information about my current membership status.</b>	
Name of Insurance Company _____	
Membership Number _____	
Name of Employer (if providing insurance) _____	
_____ Signature	_____ Date

Part II.

As I choose not to take medical, evacuation and repatriation insurance, I certify that I (or my parent/guardian) will be responsible for any and all medical, or evacuation and repatriation expenses that I may incur while participating in the above named program or as an independent traveler outside of the program during the time period from \_\_\_\_\_ to \_\_\_\_\_ Mo/Day- Mo/Day- Yr

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

University of Hawai'i at Hilo

### Permission to use Photographic Image

The Center for Global Education and Exchange might need to use photographs of students on flyers, websites, etc. to help with advertising of study abroad opportunities to other students.

Please circle the appropriate choice

Yes (UH Hilo has permission to use photographs of me)

No (UH Hilo does not have permission to use photographs of me)

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Print Name

Student ID

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Signature

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Date