

AUTHORIZATION FOR RELEASE OF INFORMATION

Students who are 18 years of age or older and wish for the Pauahi Foundation Scholarship Office to release information about their application and related documents to others, including parents or guardians, must provide consent. To do so, they must complete and submit the Authorization for Release of Information (ARI) form to the Pauahi Foundation.

PLEASE PRINT LEGIBLY OR FILL IN USING ADOBE ACROBAT

Program: ☐ **Pauahi Foundation Scholarships**

Student Name: (LAST name, First name, M.I.)		Student ID or Application ID#:
Date of Birth (MM/DD/YYYY)	Email Address:	
Mailing Address:	Cell Number:	
	Home Number:	
AUTHORIZE TO RELEASE INFORMATION TO:		
Name (LAST name, First name, M.I.)		
Relationship to Student	Date of Birth (MM/DD/YYYY)	
Name (LAST name, First name, M.I.)		
Relationship to Student	Date of Birth (MM/DD/YYYY)	

I hereby authorize Pauahi Foundation Scholarship Office to release information regarding my application to the above individual(s). I understand that this form is valid for the current school year only and must be resubmitted for subsequent years.

Student's Signature

Date

COMPLETE AND SUBMIT THIS FORM TO:

Scholarship Office
 567 South King Street, Suite 102 | Honolulu, HI 96813
e-mail. scholarships@pauahi.org
tel. (808) 534-8080 or 1-800-842-4682, press 3