



# AUTHORIZATION FOR RELEASE OF INFORMATION

Students aged 18 and older who wish for the College Scholarships office to release information about their application and relevant documents to others, including parents/guardians, must provide consent by completing and submitting this Authorization for Release of Information (ARI) form to College Scholarships.

PLEASE PRINT LEGIBLY OR FILL IN USING ADOBE ACROBAT

Program:  College Scholarships

Student Name: (LAST name, First name, M.I.)		Student ID or Application ID#:
Date of Birth (MM/DD/YYYY)	Last 4-digits of SSN: (XX-XX__)	Email Address:
Mailing Address:		Cell Number:
		Home Number:
<b>AUTHORIZE TO RELEASE INFORMATION TO:</b>		
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 College Scholarships 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:**

**College Scholarships**  
567 South King Street, Suite 102 | Honolulu, HI 96813  
e-mail. [scholarships@pauahi.org](mailto:scholarships@pauahi.org)  
tel. (808) 534-8080 or 1-800-842-4682, press 3  
fax: (808) 523-6286