



University of Hawai'i at Hilo
Department of Athletics
(July 23, 2009)

PERMISSION TO DISCLOSE PERSONALLY IDENTIFIABLE INFORMATION

NOTE: This form comes under the purview of the Family Educational Rights and Privacy Act of 1974.

- A. PRINCIPAL SPECIFICATION OF RECORDS: This consent statement authorizes administrative personnel of the University of Hawai'i at Hilo's Department of Intercollegiate Athletics to review and disseminate to third parties information in the categories **NOT checked** below for public relations purposes.
- B. PURPOSES OF DISCLOSURE: Information obtained from these records will assist in compilation of personal information for use in official department publications for dissemination to the media and other interested third parties for purposes of nomination for honors, programs and scholarships, and for general public relations purposes.
- C. PARTY OR CLASS OF PARTIES TO WHOM DISCLOSURE MAY BE RELEASES: By signing this consent statement, I authorize administrative personnel of the University of Hawai'i at Hilo's Department of Intercollegiate Athletics to review and disseminate information listed below to third parties for general public relations purposes:
- * Personal (e.g. marital status, birthplace, hometown, height, weight, etc.)
 - * Athletic (e.g. illness or injuries due to athletic participation, disciplinary actions, etc.)
 - * Academic (e.g. GPA, awards, scholarships, etc.)
 - * Photos

I understand that I may withdraw from this consent at any time by so indicating in writing on another form which may be obtained from the Sports Information Director

Name [print] _____ Sport _____

Signature _____ Date _____

[Please print]

First Name _____ M.I. _____ Last Name _____

Preferred first name for publicity _____

Class (circle one): Fr So Jr Sr Major: _____

Height: _____ Weight: _____ Position: _____

Throw: ___ Bat: ___ **(baseball and softball players)**

Birth Date: _____ Birth Place: _____

Home Address: _____

Hometown _____ State _____ Zip Code _____

Phone Number: _____ Hilo Number: _____

E-mail: _____

Status: Single ___ Married ___ Divorced ___ Widowed ___

Father's Name: _____

Address: _____

Phone: _____ E-Mail: _____

Mother's Name: _____

Address: _____

Phone: _____ E-Mail: _____

Name and Age of Siblings: _____

If Married: Spouse _____

Children _____

Relatives participating in collegiate or professional athletics: _____

Organizations you did or do belong to: _____

Other schools that recruited or were interested in you: _____

Hobbies: _____

Favorites:

Music: _____

Athletes: _____

Team: _____

Foods: _____

TV Show: _____

Movie: _____

Past Times: _____

What do you eventually want to do with your life and what have you done to help you get there?

Contemplated Profession: _____

Your most memorable sports moment?

If you had to do something all over again, what would it be?

Have you ever had an eye opening experience and what did you come to realize?

What is your personal philosophy?

Hometown Newspaper and phone number: _____

E-mail for sports editor: _____

High School:

High School: _____ City: _____ State: _____

Coach: _____ Conference/League: _____

Years Varsity: _____

Highlights: _____

Other Sports: _____ Year Graduated: _____

Club Teams: _____

First College:

School: _____ City: _____ State: _____

Coach: _____ Conference/League: _____

Years: _____

Highlights: _____

Other Sports: _____ Year Graduated: _____

Second College:

School: _____ City: _____ State: _____

Coach: _____ Conference/League: _____

Years: _____

Highlights: _____

Other Sports: _____ Year Graduated: _____

Return to:

Kelly Leong
Sports Information Director
Building C, Room 114
University of Hawai'i at Hilo
200 W. Kawili St.
Hilo, HI 96720-4091
(808)974-7606
(808)974-7711 FAX