

AUTHORIZATION TO RELEASE INFORMATION

NAME _____ STUDENT ID # _____

1. I understand that the East-West Center considers the following to be directory information: name; participation category; EWC program; country of citizenship/permanent residence; EWC program activity or degree and major field of study; current address; and previous or current educational or institutional affiliation. Directory information (including photos) may be shared with EWC staff and others for information and for use in their work. Once active EWC participation has ended, the information may be used in various annual reports, as well as made available to the EWC Foundation and Associates/Alumni Office.
2. I authorize the University of Hawai`i to release all information requested by the East-West Center Award Services, Visa, and Student Education Program Offices to be used in administering my program.

Date

Signature of Degree Fellow