

HAWAII COMMUNITY COLLEGE
ADMISSIONS AND REGISTRATION OFFICE
200 WEST KAWILI STREET
HILO, HI 96720

Authorization to Release Medical Information to Another UH System School

I hereby authorize Hawaii Community College to fax my TB and/or measles, mumps, rubella (MMR) clearance records to:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Honolulu CC
fax: 847-9829 | <input type="checkbox"/> Kapi'olani CC
fax: 734-9896 | <input type="checkbox"/> Leeward CC
fax: 454-8804 | <input type="checkbox"/> Windward CC
Call 235-7400 first | |
| <input type="checkbox"/> Kaua'i CC
fax: 245-8297 | <input type="checkbox"/> UH-Maui
fax: 242-1578 | <input type="checkbox"/> UH-Hilo
fax: 933-0868 | <input type="checkbox"/> UH-Manoa
fax: 956-3583 | <input type="checkbox"/> UH-West O'ahu
fax: 689-2901 |

UH username/number: _____

Print Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

Signature: _____

Date: _____

Mail, fax or e-mail completed forms to:

Hawaii Community College
Admissions & Registration Office
200 W Kawili Street
Hilo HI 96720

FAX: (808) 934-2501

E-mail (from your MyUH account): hawccar@hawaii.edu