

FORM B-2

AUTHORIZATION AND CONSENT FOR DISCLOSURE FORM

**FOR DISCLOSURE OF PERSONAL
INFORMATION BY PROGRAM PARTICIPANT**

Program Participant’s Name (i.e., student’s full legal name):		(“Student”)
Program’s Department (i.e., Nursing or Dental Hygiene):		
Description of Educational Program:		(“Program”)
School Year (i.e., SY 2025-2026):		
Program Participant’s Home Institution:	University of Hawai‘i Manoa School of Nursing and Dental Hygiene (SONDH)	(“Home Institution”)
Institution/Facility Hosting Educational Experiences:	To be determined by SONDH during school year	(“Host Institution”)

Requirement:

Home Institution and Host Institution have established the Program to provide certain field or clinical practicum educational experiences at the Host Institution to qualifying students enrolled at the Home Institution.

The undersigned Student, in consideration for my participation in the Program, agree to the following on behalf of myself and my heirs, executors, administrators, and personal representatives:

1. Institutional Policies, Procedures, Rules and Guidelines. I acknowledge that the Host Institution and the Home Institution, respectively, (a) are subject to the requirements of laws, statutes, ordinances, rules, and regulations, orders, proclamations, and directives of federal, state, and county governments applicable to such Institution, now in force or which may hereafter be in force (collectively “**Applicable Laws**”), including Title IX of

the Education Amendments of 1972 ("**Title IX**") which prohibits discrimination on the basis of sex in any education program or activity that receives federal financial assistance, and (b) have adopted policies, procedures, rules and/or guidelines for the appropriate behavior of its students, faculty, staff and visitors and the maintenance and promotion of a safe and secure learning and working environment.

2. FERPA. I understand that during my participation in the Program, written or electronic information that directly relates to me and is maintained by the Host Institution and/or the Home Institution may constitute education records under the Family Educational Rights and Privacy Act of 1974 ("**FERPA**").
3. Authorization and Consent to share Confidential Student Information. I authorize and provide my consent for the Host Institution and the Home Institution to share with and/or disclose to each other any and all information (verbal, written or electronic) contained in my educational records held by the Host Institution and/or the Home Institution, including information protected by FERPA ("**Confidential Student Information**"). Such Confidential Student Information may be shared and/or disclosed between the Host Institution and the Home Institution for the purposes of maintaining a safe learning and working environment and/or to permit an educational and/or workplace inquiry or investigation (e.g., Title IX investigation) in connection with my participation in the Program. I understand that the Host Institution and the Home Institution will maintain any Confidential Student Information that they receive in accordance with Applicable Laws and their respective policies regarding data governance.

Student Confirmation:

I am at least eighteen (18) years of age, have read this Authorization and Consent for Disclosure ("**Authorization and Consent**"), and have full right, power, and authority to enter this Authorization and Consent. I agree that: (a) the laws of the State of Hawa‘i shall apply to this Authorization and Consent and (b) if any portion of this Authorization and Consent is invalid, the remainder shall continue in full force and effect.

Printed or Typed Name of Student

Signature of Student

Date