

## Student Update Form & Photo Release Waiver

Thank you for providing the following information. The information will help us with advising needs, alumni development, and it allows us to contact you when needed. We appreciate you filling this out very much.

**Please print clearly!**

Today's Date	
Full Name	
Preferred Nickname	
HPU ID number	@
Best Mailing Address	
Best Phone Number	
HPU Email Address	<b>@my.hpu.edu</b>

<b>Education Level (please check the box to the left of the applicable category)</b>			
<input type="checkbox"/>	BSW Junior	<input type="checkbox"/>	BSW Senior
<input type="checkbox"/>	First Year MSW full-time	<input type="checkbox"/>	Second Year MSW full-time
<input type="checkbox"/>	3 Year Plan MSW part-time	<input type="checkbox"/>	4 Year Plan MSW part-time
<input type="checkbox"/>	MSW Advanced Standing Full Time (1 year)	<input type="checkbox"/>	MSW Advanced Standing Part Time (2 years)

<b>(For Advising Purposes) I am attending Social Work Courses:</b>	
<input type="checkbox"/>	full time, following the regular schedule of my cohort
<input type="checkbox"/>	part time
<input type="checkbox"/>	out of sequence with my cohort

<b>For CSWE statistical purposes, I consider myself to be (please circle one):</b>				
White (non-Hispanic)	Other	Chicano/ Mexican American	Puerto Rican	Other Latino/Hispanic
American Indian/ Native American	Asian American/ Other Asian	Pacific Islander	African American/ Black	Multiple Race/ Multiethnic

### **Photo Release Waiver**

I hereby grant Hawaii Pacific University permission to interview me and/or to use my likeness in photograph(s) /video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Hawaii Pacific University, in perpetuity, and for other use by the University. I will make no monetary or other claim against Hawaii Pacific University for the use of the interview and/or the photograph(s)/video.

Signature	
Full Name	
Relation to subject (if subject is a minor)	