



### Authorization for Data Entry Privileges

I authorize the following Associate or Support Subscribers to have the data entry privileges as indicated below effective as of \_\_\_\_\_.

(Date that Entry Privilege should be activated)

Name of Subscriber	HIS ID #	Type of Data Entry Privilege (Select one for each Subscriber)
		<input type="checkbox"/> May modify only his/her listings <input type="checkbox"/> May modify any listing in the office
		<input type="checkbox"/> May modify only his/her listings <input type="checkbox"/> May modify any listing in the office
		<input type="checkbox"/> May modify only his/her listings <input type="checkbox"/> May modify any listing in the office

X \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Broker Subscriber's Signature

\_\_\_\_\_  
Firm/Company's Name

### Termination of Data Entry Privileges

I request that the data entry privileges for the following Associate or Support Subscribers be terminated effective as of \_\_\_\_\_.

(Date that Entry Privileges should be terminated)

Name of Subscriber	HIS ID #

X \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Broker Subscriber's Signature

\_\_\_\_\_  
Firm/Company's Name

Please send this form to Hawaii Information Service by email to [Membership@hiinfo.com](mailto:Membership@hiinfo.com), by fax to 1-888-628-3121, if faxing from the neighbor islands, or 536-6499, if faxing from Oahu, or by mail to Hawaii Information Service, 680 Iwilei Road #670, Honolulu, HI 96817.