HONOLULU COMMUNITY COLLEGE
STUDENT REQUEST FOR VERIFICATION LETTER
OR CONSENT TO DISCLOSE EDUCATIONAL RECORDS TO THIRD PARTY

Name: _______________________________________________________ Student ID/UH Username: _________________________

Print Last Name, First Name, Middle Initial

Address: _____________________________________________________________ Telephone: _____________________________

Street, City, State, Zip Code

Email: _____________________________________________________________

I request the following: (Check all that apply)

☐ Certification that I am currently enrolled for: Fall _________________ Spring _________________ Summer ________________

Year                                            Year                            Year

(Will be processed after the semester begins within 7 working days)
(If addressed to someone other than you, it will contain all periods of enrollment and degree information.)
(Home Institution must be Honolulu Community College and tuition must be paid in full.)

☐ Certification that I have Pre-Registered for:   Fall _________________ Spring _________________ Summer ________________

Year                                            Year                            Year

(Home Institution must be Honolulu Community College.)

☐ Certification of my anticipated graduation date including major and degree type.

☐ Visual inspection of my HonCC Records (Picture ID required). (No charge)

☐ MyCAA Scholarship Education and Training Plan

☐ Letter verifying completion of the Articulation agreement between HonCC Administration Justice Program and UH West Oahu Justice Administration Program (Will be processed once program is completed and verified by program Counselor).

☐ Other (must specify)_______________________________________________________________________________________

Please have my record(s): (Check one)

1. ☐ I will pick up my request.  Photo I.D. is required.  (You have 30 days to pick-up your request or it will be purged)

2. ☐ Mail to:  (Please attach a self-addressed/stamped envelope)

3. ☐ Made available to __________________________________________________________________________________

(I authorize the person stated above to pick-up my records with his / her Photo I.D.)

I UNDERSTAND THAT THIS REQUEST WILL BE PROCESSED WITHIN 7 WORKING DAYS

Student’s Signature ___________________________________________________________ Date ________________

Student’s Signature

For Office Use Only:

Processed by: ____________________________________________ Received by: ____________________________________________

Tuition Clearance: ______________________________________ Home Institution: ______________________________

Date: __________________________________________________ FOB Clearance: ______________________________

White – Records

Yellow – Student

Form F rev 03/16 (web)