

HONOLULU COMMUNITY COLLEGE

University of Hawai'i

Date: _____

State Department of Labor & Industrial Relations
Workforce Development Division
830 Punchbowl Street, Room 329
Honolulu, Hawaii 96813

Dear Workforce Development Division Staff:

Please send verification that I completed my apprenticeship program. Include my total work hours and program completion date. Send to:

Records Office
Honolulu Community College
874 Dillingham Blvd.
Honolulu, Hawaii 96817

Information:

Your Name: _____
(PLEASE PRINT)

Last four digits of your social security number: _____

Birthdate: _____

Your Trade/Occupation: _____

Name of your Apprenticeship Program Sponsor: _____
(e.g., employer, union, trade assoc., etc.)

Dates of your apprenticeship program: Start: _____ End: _____

Release Acknowledgment:

I, _____, give my permission to the Workforce
(SIGNATURE)

Development Division, Department of Labor & Industrial Relations to release the above requested information to Honolulu Community College. This information will be used to evaluate my eligibility for the Applied Trades (APTR) degree. I understand that this does not guarantee that I will be awarded the APTR degree.