

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 _____
Print Last First M.I.

(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** _____

For Office Use Only:

Processed by: _____ Received by: _____

Tuition Clearance: _____ Home Institution: _____

Date: _____ FOB Clearance: _____