HAWAI'I COMMUNITY COLLEGE

ADMISSIONS AND RECORDS OFFICE (ARO) 1175 MANONO ST, HILO, HI 96720-5096 Phone (808) 934-2710

ENROLLMENT VERIFICATION REQUEST

Use black or blue ink only, print legibly Name: Last, First, Middle Initial, Suffix Please print Username/ID: _____ Birth date: _____ Phone: _____ Are you receiving Veteran's benefits? Yes ___ No ___ Date: Signature: I request the following certification (choose one only): Requests will be processed within 7 work days. ☐ Enrollment for: Fall 20 Spring 20_ ☐ Enrollment with anticipated graduation date at HawCC for: (Excludes pre-registration verification) Fall 20 Spring 20_____ □ No enrollment at HawCC □ Complete the attached form: ☐ Other (specify): **Delivery options** (choose one only): ☐ USPS standard mail to: Name: Address: City, State, Zip: ____ ☐ I will pick up the letter. Photo id required to pick up. Pick up within 10 work days. ______, relationship: _______ □ I authorize _ to pick up the letter. Photo id required to pick up. Pick up within 10 work days. Date picked up: _____ Signature: ____ FOR ARO USE: E-log ______ Initial ____ Prepared on _____ Initial ___ ______ Initial _____ Reviewed: _____ Initial ___ Printed ___ Called/mailed ______ Initial _____ Paper log _____ Initial ____