



VERIFICATION OF UNITED STATES ARMED FORCES MEMBER'S ASSIGNMENT

To: University of Hawai'i-West O'ahu
Office of Admissions
91-1001 Farrington Hwy
Kapolei, HI 96707

From: Commanding Officer Name
Unit or Organization
Street Address
City, State, Zip Code

The information below is needed for consideration in determination of statutory exemption from payment of the non-resident tuition fee for the enlisted member or their dependent:

- A. Military member's name, rank, and branch of service in Hawai'i:
B. Official copy of military orders with student's name indicated on the order (REQUIRED FOR NEW STUDENTS)
C. Date of rotation from Hawai'i or separation from military service (whichever is earlier). Please do not use the term indefinite:
D. Military member's relationship to student:
E. Student's Name (please print):

Street Address
City, State, Zip Code
UH ID Number/Username Date of Birth

Separator line of dashes

PERMISSION IS HEREBY GRANTED TO RELEASE INFORMATION TO THE UNIVERSITY OF HAWAI'I-WEST O'AHU

Student Applicant's Signature Date
Military Member's Signature Date
Commanding Officer's Signature Date Phone No.