

University Of Hawai'i-West O'ahu

EDUCATION VERIFICATION REQUEST FORM

96-129 Ala 'Ike
Pearl City, HI 96782
Phone: (808) 454-4700 or toll-free (866) 299-8656
Fax: (808) 453-6075
info@uhwo.hawaii.edu
www.uhwo.hawaii.edu

The Education Verification Request form will be processed, providing that your home campus is the University of Hawai'i-West O'ahu and you have no financial obligations within the University of Hawai'i System. Please submit the completed form along with any supplemental documentation to the Student Services Office. Requests are processed within five business days upon receipt of the completed form. Incomplete, illegible and/or unsigned forms will not be processed.

Student Information:

Last Name First Name MI

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Day Time Phone Home Phone

UH ID:

UH Email Address @hawaii.edu

Please check all boxes that apply:

- Degree(s)/Certificate(s) Earned & Date Degree Awarded
- Enrollment Dates for: Fall 20__ Spring 20__ Summer 20__
- Major/Concentration & Expected Graduation Date/Term
- Major/Concentration
- Part-Time/Full-Time Status & Credit Load: Fall 20__ Spring 20__ Summer 20__
- Other (please be specific): _____

Release Information to:

First and Last Name

Name of Company / Organization / School

Mailing Address

City State Zip

Reason for Disclosure: _____

Delivery Method (choose one):

- I will pick up the completed education verification. Please contact me by phone _____ or via email at _____@hawaii.edu when it is ready to be picked up. (Note: A valid picture ID must be shown at the time of pick-up and will not be released to anyone other than the student whose information the verification pertains to.)

- Please mail the completed Education Verification to: _____

Authorization to Release Education Record Information:

By signing below, I authorize the University of Hawai'i-West O'ahu to release the information requested on this and the attached forms (if applicable) to the person, company, organization or school named above.

Student's Signature (REQUIRED)

Date

Office Use Only

SOAHOLD _____ Degree/Certificate Earned & Date Awarded Expected Graduation Date _____

TSAAREV _____ Major/Concentration _____

SGASTDN _____ Enrollment Dates: _____ to _____ Credit Load (PT/FT) _____