

University of Hawai`i-West O`ahu
Student Services Office
(808) 454-4700 or toll free 1-866-299-8656

VERIFICATION OF UNITED STATES ARMED SERVICES MEMBER'S ASSIGNMENT

To: University of Hawai`i-West O`ahu
Student Services Office
96-129 Ala `Ike
Pearl City, Hawai`i 96782

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:*
Month, Day and Year _____
- d. Military member's relationship to student applicant:
[] Self [] Spouse [] Parent [] Other (specify) _____
- e. Student's Name (please print):

Last First Middle
Street Address _____
City, State, Zip Code _____
Social Security No. _____ Date of Birth _____

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**PERMISSION IS HEREBY GRANTED TO RELEASE INFORMATION TO THE
UNIVERSITY OF HAWAI`I CAMPUS**

Student Applicant's Signature Date

Military Member's Signature Date

Commanding Officer's Signature Date Phone No. _____