

**ENROLLMENT VERIFICATION REQUEST FORM**

**Instructions:** Please complete in blue or black ink and attach appropriate documentation and applicable forms (i.e., Stafford loan deferment form, child support, medical insurance form, etc.).

**Note:** We will process this request only if your home institution is Kapi'olani Community College, after you have registered for classes and full payment is made for the current or previous term(s). Enrollment verifications will not be processed for students with obligations (account balances or administrative holds) to the UH System. Processing time is approximately three (3) business days after the receipt of this request.

I, (print name clearly) \_\_\_\_\_, authorized Kapi'olani Community College to provide the information requested on this and/or the attached form(s) to the party/parties named.

**Student's UH ID/Username** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Verification of Enrollment is requested for (Check all that apply):**

Spring \_\_\_\_\_ (year)  
Summer \_\_\_\_\_ (year)  
Fall \_\_\_\_\_ (year)

Also include the following information: \_\_\_\_\_

My expected date of graduation from Kapi'olani Community College is: \_\_\_\_\_

**Delivery Method (Pick one):**

**To be picked up by:** \_\_\_\_\_  
*Note: Must present a Photo I.D. upon pick up*

**Fax to:** Name/Attn: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**Mail to:** Name/Attn: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_@hawaii.edu

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY

**UH ID Number:** \_\_\_\_\_  **Optika/Accorde**

**SGASTDN:** \_\_\_\_\_ **Term:** \_\_\_\_\_  
(Home Campus) **Credit:** \_\_\_\_\_

**TSAAREV:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_

**SOAHOLD:** \_\_\_\_\_ **Degree & Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_