

## ENROLLMENT VERIFICATION REQUEST FORM

**Instructions:** Please print and attach appropriate documentation and applicable forms (i.e. Stafford Loan deferment forms, medical insurance, child support, etc.). Enrollment verifications will not be processed for students with financial obligations (account balances or administrative holds) to the UH System. Processing time is approximately three (3) business days after the receipt of this request.

**Note:** This enrollment verification request confirms course registration only and cannot confirm receipt of payment nor attendance in courses.

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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.

UH Number \_\_\_\_\_ Major \_\_\_\_\_

UH Email \_\_\_\_\_@hawaii.edu Phone ( ) \_\_\_\_\_

**Enrollment verification is requested for (choose all that apply):**

- Spring \_\_\_\_\_ (year)
- Summer \_\_\_\_\_ (year)
- Fall \_\_\_\_\_ (year)
  
- Attached Agency form/documentation for \_\_\_\_\_
- Also include the following information \_\_\_\_\_
- My expected date of graduation from Kapi'olani CC is \_\_\_\_\_

**Delivery Method (choose one):**

- To be picked up by: \_\_\_\_\_

*Note: Must present Photo I.D. upon pick-up.*

- Mail to: Name/Attn: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Fax to: Name/Attn: \_\_\_\_\_

Organization: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_

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

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FOR OFFICE USE ONLY      Received by/date: \_\_\_\_\_      SOAHOLD:  Yes  No      SGASTDN – KAP:  Yes  No

Term(s): \_\_\_\_\_

Credits: \_\_\_\_\_

Enrollment Dates: \_\_\_\_\_ Completed by/date \_\_\_\_\_