

READ & FILL OUT COMPLETELY | PRINT CLEARLY & LEGIBLY:

For Office Use Only

NAME: _____
 LAST **FIRST** **MI**

Paid Initial

UH NUMBER: _____ **E-MAIL:** _____ **@ HAWAII.EDU**

This ID card is also your KCC Library card. By signing this form you are hereby agreeing to conform to the UH Library and KCC ID policies. For more information go to http://library.kcc.hawaii.edu/library_info/policies.php

Revalidate your ID every Semester at no cost. Replacement ID costs \$5 (CASH ONLY) FALL ___ SPR ___ SUM ___

IS THIS YOUR FIRST KCC ID? YES ___ NO ___ CREDIT ___ NON-CREDIT ___

SIGNATURE OF STUDENT

DATE

All identification cards issued by OSA are the property of Kapi'olani Community College and are non-transferable.