UNIVERSITY of HAWAI'I®
KAPI'OLANI COMMUNITY COLLEGE

REQUEST FOR UH NUMBER

Instructions: Please print clearly. Complete this form if you will take the ACCUPLACER Placement Test at the Testing Center in the Library (Lama 101), and currently do not have a UH Number. Submit the completed form together with a valid ID (Driver license/permit, State ID, Military ID, passport, or School ID) to the Kekaulike Center in 'Ilima 102.

Legal Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip Code

Birthdate (MM/DD/YYYY): _____/_____/_____ Phone Number: _____

Email Address: _____

Other/Previous Name: _____

I certify that the responses provided on this Request for UH Number Form are complete and true to the best of my knowledge and belief.

_____ _____
Date Student Signature

For KISC Use Only - Created By/Date: _____

Your UH Number is: _____

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