I, ____________________________, UHID No: ________________

Print Last Name, First Name, Middle Initial(s)

__________________________________________________________
do hereby declare that I would like the University of Hawai`i to designate my affiliation
with the “Kingdom of Hawai`i” in the student information system.

Student Signature: ____________________________ Date: ________________

__________ Home Campus WIN

__________ Entered in SPAPERS

__________ Date and Initials  WvnCC A&R 05/09/17