WINDWARD COMMUNITY COLLEGE
Admissions and Records Office

KINGDOM OF HAWAII DECLARATION

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  WvCC A&R 05/09/17