STUDENT REQUEST FOR ACCESS TO EDUCATIONAL RECORDS
VERIFICATION OF ENROLLMENT

Name: _____________________________ UH ID/User Name: ____________________
Print Last Name, First Name, MI

Telephone: _________________________ Cell Phone: _______________________

• To verify your enrollment, **Windward Community College must be your home institution**
• "This statement is valid as of issuance date." will appear on all verifications
• To process this request, you must be cleared of all UH financial obligation
• This request form will be processed within 7 work days

I request the following (check all that apply):

- □ Certify enrollment for: Fall 20_________ Spring 20_____
- □ Certify anticipated graduation date at WinCC
- □ Complete attached form (name of document): ________________________________
- □ Certify all dates of enrollment at WinCC (may also include enrollment dates of all UH campuses)
- □ View WinCC educational records (specify): ________________________________
- □ Other (specify): ________________________________

Please have record (check one):

- □ I will pick up my request with my Photo I.D.
  *You have 15 calendar days to pick-up your request or a new request will be required*

- □ Mail to: ________________________________ requires self-addressed/stamped envelope

- □ I authorize this person to pick-up/view my record:
  Print Last Name, First Name, MI: ____________________
  *this person must present his/her Photo I.D. for pick-up*

Student’s Signature: ___________________________ Date: __________
Received/Viewed Signature: ___________________________ Date: __________

For Office Use Only:

_____ Home Institution
_____ Date/Initial Processed