WINDWARD COMMUNITY COLLEGE
Admissions and Records Office

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_____ Year Year
- [ ] 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