

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____ Year Spring 20____ 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