

CENTER FOR CAREER DEVELOPMENT & STUDENT EMPLOYMENT

UNIVERSITY OF HAWAI'I AT MĀNOA

2600 Campus Road ♦ Queen Lili`uokalani Center for Student Services 212 ♦ Honolulu, HI 96822-2205

Phone: (808) 956-7007

REQUEST FOR FORWARDING CREDENTIAL FILE

Please insure the following information is legible, correct, and complete. Incorrect, illegible, or missing data may cause delays in processing your credential request. No fax, email, or phone requests will be accepted. Maximum of 5 letters per request.

Registrant's Name:			SSN or UH ID:
	Last	First	M.I.
Current Address: _		Phone	: Email:
_			FEES
To: Name:	New address?		Standard Processing: \$3 No more than 5 requests will be processed per day and limited to 5 letters/request. Processed within 5 working days.
Title/Department:			
Employer/School:			For each letter processed beyond the 5
Address:			letters per request.
			For Office Use Only:
Special Instruction			
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	ollowing information is le cessing your credential		e. Incorrect, illegible, or missing data may obone requests will be accepted. Maximum of
Registrant's Name:			SSN or UH ID:
	Last	First	M.I.
Current Address: _		Phone	: Email:
To: Name: Title/Department: Employer/School: Address:	New address?		FEES Standard Processing: \$3 No more than 5 requests will be processed per day and limited to 5 letters/request. Processed within 5 working days. Additional Processing Fee: \$3 For each letter processed beyond the 5 letters per request. For Office Use Only:
Special Instruction	<u>15:</u>		
Si	gnature	Date	