

# REQUEST FOR VERIFICATION OF ENROLLMENT

University of Hawai i at Mānoa  
Office of the Registrar  
Queen Lili uokalani Center for Student Services  
2600 Campus Road, Room 001  
Honolulu, HI 96822  
Ph: (808) 956-8010 Fax: (808) 956-7830

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**STUDENT INFORMATION – Required to identify your record (Please Print)**

Name: \_\_\_\_\_ UH Number: \_\_\_\_\_  
(Last, First Middle)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check if you are a GRADUATE ASSISTANT

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**I Would Like to Verify Enrollment For:**

\_\_\_\_\_ (Current semester)  
(Semester & Year)

\_\_\_\_\_ (Next semester - will be provided only if you have officially registered for classes.)  
(Semester & Year)

Past enrollment: Attendance from \_\_\_\_\_ to \_\_\_\_\_  
(Semester & Year) (Semester & Year)

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**Information to Provide:**

Enrollment Status: full time, half time, or less than half time (provided for current or next semester only)

Anticipated Date of Graduation \_\_\_\_\_ (estimated or from application for degree)

Other

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**Sending Instructions:**

I would like to **PICK UP** my Verification of Enrollment (to pick up, you must present a valid photo ID)

**FAX TO:** \_\_\_\_\_ Attention to: \_\_\_\_\_

U.S. fax numbers only. Some organizations may not accept faxed documents. Please verify before requesting.

**SEND** Verification of Enrollment to:

Name: \_\_\_\_\_

Address:

***Unclaimed or undeliverable items will be destroyed after 30 days.***

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Authorization Signature Required: I authorize release of information as directed on this Request for Verification of Enrollment form*

**VOE**