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_______
☐ 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