

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