

**University of Hawaii
Windward Community College
Admissions and Records Office**

STUDENT RECORD CHANGES

Name: _____
Print Last Name, First Name, Full Middle Name

UH ID: _____

Signature: _____

Date: _____

Birth Date: _____

NEW ADDRESS

Mailing: _____
Number/Street City, State Zip Code

Permanent: _____
Number/Street City, State Zip Code

NEW TELEPHONE NUMBER

Current: () _____

Cell: () _____

OFFICE USE ONLY:

Home Campus: _____

Entered By and Date: _____

Student Type: _____