

**REQUEST FOR VERIFICATION
OF ENROLLMENT FORM**



REGISTRAR'S OFFICE
500 Ala Moana Blvd, Suite 5A
Honolulu, HI 96813
Phone: (808) 544-0239
Fax: (808) 544-1168
Email: registrar@hpu.edu

STUDENT INFORMATION *Please print legibly:*

Name: _____ @ _____
Last First MI Student ID No. or last 4 digits of SSN

Address: _____
Street City State Zip Code

Telephone: (____) _____ Email: _____@my.hpu.edu Date of Birth: _____

Verify Enrollment: (Limit 2 copies)

- ☐ Current Term: _____
(Term and Year)
- ☐ Upcoming Term: _____ **(Must be registered)**
(Term and Year)
- ☐ Past Attendance: _____ to _____
(Term and Year) (Term and Year)

Information to Provide: (Check all that apply)

Processing Time: (Approximately 3 to 5 business days)

- ☐ Enrollment Status: Full-Time, $\frac{3}{4}$ -Time, Half-Time, Less than Half-Time
- ☐ Anticipated Date of Graduation (We must verify with your advisor)
- ☐ Confirmation of Awarded Degree(s) Specify degree(s) here: _____
- ☐ See attached form
- ☐ Other: _____

IMPORTANT INFORMATION:
Hawaii Pacific University (HPU) is pleased to announce that effective March 28, 2014, HPU has authorized the National Student Clearinghouse (NSC) to provide enrollment and degree verifications on its behalf. The NSC is the nationally recognized source for student verifications; these verifications are accepted as official by companies and organizations worldwide. Please click [here](#) for more information.

Sending Instructions: (Choose only one delivery method)

- ☐ **PICK UP** at the Registrar's Office (Student Services Center)
- ☐ **EMAIL TO:** _____ **Attention to:** _____
- ☐ **FAX TO:** (____) _____ **Attention to:** _____
- ☐ **MAIL** Verification of Enrollment to:
- NAME:** _____
- ADDRESS:** _____
- CITY, STATE, ZIP CODE:** _____

Student Signature (Digital signatures not accepted)

Date