

HONOLULU COMMUNITY COLLEGE
Records Office

STUDENT REQUEST FOR ACCESS TO EDUCATIONAL RECORDS
STUDENT CONSENT TO DISCLOSE EDUCATIONAL RECORDS TO THIRD PARTY

Name: _____ Student ID/UH Username: _____
Print Last Name, First Name, MI

Address: _____ Telephone: _____
Street, City, State, Zip Code

I request the following: (Check all that apply)

- Certification of all my enrollment and degree information at HCC.
- Certification that I am **currently enrolled** for: Fall _____ Spring _____ Summer _____
Year Year Year
(Will be processed after the semester begins within 7 working days)
(If addressed to someone other than you, it will contain all periods of enrollment and degree information.)
(Home Institution must be **Honolulu Community College** and tuition **must** be paid in full.)
- Certification that I have **Pre-Registered** for: Fall _____ Spring _____ Summer _____
Year Year Year
(Home Institution must be **Honolulu Community College**.)
- Certification of my anticipated graduation date including major and degree type.
- Visual inspection of my Hon CC Records (Picture ID required). (No charge)
- Copy of my current class schedule, \$2.00 per copy, payable at the Cashier's Office.
- Letter verifying completion of the Articulation agreement between HonCC Administration Justice Program and UH West Oahu Justice Administration Program.
- Other (must specify) _____

Please have my record(s): (Check one)

1. I will pick up my request. Photo I.D. is required. **(You have 30 days to pick-up your request or it will be purged)**
2. Mail to: **(Please attach a self-addressed/stamped envelope)**
3. Made available to _____
Print Last First M.I.

(I authorize the person stated above to pick-up my records with his/her Photo I.D.)

I UNDERSTAND THAT THIS REQUEST WILL BE PROCESSED WITHIN 7 WORKING DAYS

Student's Signature _____ **Date** _____

For Office Use Only:

Processed by: _____

Received by: _____

Tuition Clearance: _____

Home Institution: _____

Date: _____

FOB Clearance: _____