Chaminade University of Honolulu
Records Office
Request for Verification of Enrollment Form

Name: _____ _____ _____ Date of Birth: _____
Last First MI

Social Security # _____ - _____ - _____ Phone #: _____

Term	Year	Mail or Fax Verification to:
Winter	_____	_____
Spring	_____	_____
Summer	_____	_____
Fall	_____	_____

☐ Day

☐ Evening

☐ Masters

_____
Student's Signature (Required) Date

** This form must be filled out completely! **
** Processed with 5 working days upon receipt of this form.