Hawai‘i Community College
Admissions & Records Office
1175 Manono Street
Hilo, Hawaii 96720-5096
Phone: (808) 934-2710

VERIFICATION OF U.S. ARMED FORCES

Legal Name: __________________________________________  Birthdate: ________________
Last/Family  First/Given  Middle  mm/dd/yyyy

Indicate if any of the following exemptions from the nonresident tuition differential apply to you:
☐ I am a member or authorized dependent of a member of the U.S. armed forces, on active duty, stationed in Hawai‘i
☐ I am a member of the Hawai‘i National Guard or Hawai‘i-based Reserves.

Permission is hereby granted to release information to UH Campus: Member’s Relationship to Applicant

Applicant’s Signature: _________________________________  Self  ☐ Spouse

Military Member’s Signature: ___________________________  ☐ Parent  ☐ Other (specify) ___________

To be completed by the Member’s Commanding Officer:

Name, Rank, & Branch of Service of member of the U.S. Armed Forces on active duty stationed in Hawai‘i, or member of the Hawai‘i National Guard or Hawai‘i-based reserves

Estimated Date (mm/dd/yyyy): ____________________________
Rotation from Hawai‘i or separation from military service, whichever is earlier (Do Not Use “Indefinite” Or Leave Blank)

Signature of Commanding Officer  Date  Rank and Branch of Service in Hawai‘i

Print Name  Phone Number of Branch of Service in Hawai‘i

**ATTACH MILITARY ORDERS**