



KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Hawai'i Pacific Health Medical Assistant Program
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Website: www.hawaiiipacifichealth.org/medicalassistantprogram

Hawai'i Pacific Health Medical Assistant Program
Education Verification Request Form

Use: To verify your education and/or enrollment in the Hawai'i Pacific Health Medical Assistant Program.

Instructions: Print legibly and attach appropriate documentation and applicable forms. Complete and return to the address above. Please allow approximately 5-7 business days for processing after the receipt of this request. Attach a valid copy of a current photo ID. Acceptable forms of ID are current Driver's License/Permit, State ID, or Passport. *Please note:* Education verifications will not be processed for students with educational holds and/or financial obligations.

First Name:		Middle Initial:		Last Name:	
SSN:		DOB:		Year Program Entry:	
Student ID:		Email:			

Enrollment Verification is requested for (check all that apply):

- Fall 20_____
- Spring 20_____
- Summer 20_____
- Credit load completed and/or enrolled in: Fall 20_____ Spring 20_____ Summer 20_____
- Attached Agency form/documentation for: _____
- My expected date of graduation from the program: _____
- Include the following information: _____

Delivery Instructions (check one): Unclaimed or undeliverable items will be destroyed after 30 days.

PICK UP – *Must present a valid photo ID upon pick up.*

Pick up by:	
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MAIL

Mailing Address:	

FAX

Fax Number:	
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I authorize Hawai'i Pacific Health Medical Assistant Program to release my information as directed on this Education Verification Request Form. I understand this education verification request is valid as of issue date and only confirms course registration. It does not confirm receipt of payment nor attendance in courses.

Student Signature

Date

FOR OFFICE USE ONLY

Received by/date: _____

Currently Enrolled

Previous Student

Completed by/date: _____

Revised 12/1/2023