



GRADUATION VERIFICATION LETTER REQUEST FORM

Aiea High School

98-1276 Ulune Street
Aiea, HI 96701
(808) 305-6500
(808) 483-7303 FAX

Year of Graduation or Anticipated Graduation Year _____

Birthdate (mm/dd/yy) _____

Last Name _____

First _____

Middle _____

Maiden _____

Current Street Address _____

Apt # _____

()

City _____

State _____

Zip _____

Home Phone or Cell Phone _____

Student Signature _____

Date _____

Parent Signature (if student under 18 years of age) _____

Date _____

*Please allow 3 - 5 business days to process Graduation Verification Letter.
Letter(s) needed by: _____*

Number of letters requested: _____

Cost of Graduation Verification Letter:

**\$1.00 per letter*

Mail to Address Below

Self Pick Up

Fax - Attention: _____

Purpose for letter: _____

Work

Social Services

Stabilization letter - Military

Other: _____

If mailing, submit **EXACT ADDRESS** where Graduation Verification Letter to be sent:

Name and Address: _____

Fax number (if faxing): _____

(include area code, if it's out of state)

OFFICE USE ONLY:

Received by: _____

Date Received: _____

Mailed Letter on: _____

Amount Paid: _____