

Return form to:  
UH West O'ahu  
91-1001 Farrington Hwy.  
Office of Admissions  
Kapolei, HI 96707  
Fax: (808) 689-2901



UNIVERSITY of HAWAII®  
WEST O'AHU

## REQUEST FOR UH NUMBER MOA – EARLY COLLEGE

The University of Hawai'i ("University") is committed to safeguarding the privacy of personal and confidential information of its students, employees, alumni, and other individuals associated with the University. Students will be assigned a University generated student identification number which will be used as the primary identifier.

Instructions: Complete this form if you will take the COMPASS Placement Test, and currently do not have a UH Number. Please print clearly.

Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
Month Day Year

High School: \_\_\_\_\_ Graduation Year (mm/yy): \_\_\_\_\_

I certify that the responses provided on this Request for UH Number Form are complete and true to the best of my knowledge and belief. I give permission for the Leeward Community College to release COMPASS Test Scores, UH ID and/or Username information to my high school administrator(s).

\_\_\_\_\_  
Date Student Signature

For Official Use Only:

<p>Your UH Number is:</p> <p>_____</p>
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UH Number created by: \_\_\_\_\_ Date: \_\_\_\_\_