



Kingdom of Hawai'i Declaration Form

Admission & Records Office / 310 W.Kaahumanu Ave. Kahului, HI 96732/ Hookipa Building / Phone: (808) 984-3267 / Fax: (808) 984-3872 / E-mail: uhmcar@hawaii.edu

SECTION I: Student Information

Student Name: _____ Student ID: _____

Email Address: _____@hawaii.edu Phone: _____

SECTION II: Changes to student personal data

I, _____
Last Name First MI

do hereby declare that I would like the University of Hawai'i to designate my affiliation with the "Kingdom of Hawai'i" in the student information system.

SIGNATURE: _____ DATE: _____

FOR Admissions & Records Office USE ONLY:

Revised 2/14/2018

SPAIDEN
*Alt Citizenship: KH

Date: _____ Initial: _____