



UNIVERSITY of HAWAII®
KAPI'OLANI
COMMUNITY COLLEGE

REQUEST FOR UH NUMBER

Instructions: Complete this form if you will take the ACCUPLACER Placement Test at the Testing Center in the Library (Lama 101), and currently do not have a UH Number. Please print clearly. Submit the completed form to KISC in 'Ilima 102.

Legal Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip Code

Birthdate (MM/DD/YYYY): ____/____/____ Phone Number: _____

Email Address: _____

Other/Previous Name: _____

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.

Date Student Signature

For KISC Use Only - Created By/Date: _____

Your UH Number is: _____

Rev. 1/27/17