



UNIVERSITY  
of HAWAII®

HILO

# Kingdom of Hawai'i Declaration Form

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@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 OFFICE OF THE REGISTRAR USE ONLY:

Revised 02/2018

SPAPERS Date: \_\_\_\_\_ Initial: \_\_\_\_\_