JAIMS
Attn: Academic Services Manager
6660 Hawaii Kai Drive
Honolulu, Hawaii 96825-1192 USA
Tel: 808-395-2314
Fax: 808-396-7112

Certification Letter and Transcript Request Form

There is a fee of $5 per document, payable to JAIMS by check, money order, or credit card (Visa or MasterCard).

FULL NAME AND ADDRESS

_____
Last First Middle (Other Names Used)

_____
Street Address Apt. No.

_____
City State Zip Code Country

Birth date_____ Phone: (_____) _____-_____

E-mail Address:_____

JAIMS PROGRAM NAME:

___AMP ___JMP ___ICMP ___JEMBA ___CHEMBA Class year or dates of attendance:_____

SEND CERTIFICATION LETTER / TRANSCRIPT TO:

Send: ____ copy of certification letter and/or
____ copy of transcript to the following address:

_____
_____
_____
_____

Phone: ( ) -

Send: ____ copy of certification letter and/or
____ copy of transcript to the following address:

_____
_____
_____
_____

Phone: (_____) _____-_____

Total number of documents requested=_____ x $5.00 = Amount Enclosed $_____

Payment Method: ___Check ___Money Order *Credit Card*: ___Visa ___MasterCard

Name of cardholder (as printed on card):_____

Credit card number:_____ Expiration date:_____

____Check here to receive a receipt for the charge transaction.

I agree to pay the above amount according to the card issuer agreement.

_____
Cardholder Signature Date