



JAAMS
 Admissions Office
 6660 Hawaii Kai Drive
 Honolulu, HI 96825-1192
 Tel: (808) 395-2314 Fax: (808) 396-7111

Certification Letter and Transcript Request Form

Fee is \$5 per document. Documents are normally processed within one to two business days from the time that the request is received and are mailed via the U.S. Postal Service. A student signature is required for the documents to be issued.

FULL NAME AND ADDRESS: Today's Date: _____

 Last First Middle (Other Name Used)

 Street Address City State Zip Code Country

Date of Birth: _____ (mm/dd/yyyy) Phone: _____

Email address: _____ Student's Signature: _____
(Required: I authorize release of my transcript as specified on this Form.)

JAAMS PROGRAM NAME (please check):
 AMP JMP ICMP EWKLP JEMBA CHEMBA Class year/term of attendance _____

SEND CERTIFICATION LETTER(S) / TRANSCRIPT(S) TO (specify quantity below):
 Send ___ copy of certification letter and/or
 ___ copy of transcript to this address: _____
 Send ___ copy of certification letter and/or
 ___ copy of transcript to this address: _____

 Phone: (_____) _____

 Phone: (_____) _____

PAYMENT INFORMATION:
 Total number of documents requested _____ x \$5.00= Amount Enclosed \$ _____

Payment Method: Check Money Order Visa MasterCard Cash (in person only)
(Payable to JAAMS)
 Card holder's name (as printed on card): _____ Credit card number: _____

Expiration date: _____ Authorized amount to charge: \$ _____

Card holder's billing address (including Zip code) _____

Card holder's signature: _____ Date: _____

Official Use Only:
 Date of payment processed: _____ Date of issue: _____