UNIVERSITY of HAWAI'I®
MAUI COLLEGE

REQUEST FOR UH NUMBER

Instructions: Complete this form if you will take the COMPASS Placement Test, and currently do not have a UH Number. Please print clearly.

Legal Name:_____
Last First Middle

Mailing Address:

_____
Street Address City State Zip

***Social Security Number**_____/_____/_____ **Birthday**_____/_____/_____
Month Day Year

Phone Number:_____

***Required to ensure correct data matching with student records in the student database and not as a student identifier.**

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.

_____ _____
Student Signature **Date**

Your UH Number is:

_____

310 W. Ka'ahumanu Avenue
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