JAIMS
Admissions Office
6660 Hawaii Kai Drive
Honolulu, HI 96825
Tel: (808) 395-2314
Fax: (808) 396-7112

Certification Letter and Transcript Request Form

Fee is $5 per document, payable to JAIMS by check, money order, or Visa/MasterCard.

FULL NAME AND ADDRESS: Today's Date: _____

_____ _____ _____ _____
Last First Middle (Other Name Used)

_____
Street Address Apt. No.

_____
City State Zip Code Country

Birth date: _____ Phone: _____

Email address: _____ Student's Signature: _____

JAIMS PROGRAM NAME (please check):

☐ AMP ☐ JMP ☐ ICMP ☐ EWKLP ☐ JEMBA ☐ CHEMBA Class year/date of attendance_____

SEND CERTIFICATION LETTER / TRANSCRIPT TO:

Send ___ copy of certification letter and/or
___ copy of transcript to this address:

_____
_____
_____
_____

Phone: (_____)_____

Send ___ copy of certification letter and/or
___ copy of transcript to this address:

_____
_____
_____
_____

Phone: (_____)_____

PAYMENT INFORMATION:

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

Payment Method: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Card Holder's Name (as printed on card): _____

Credit Card Number: _____ Expiration date: _____

Authorized Amount to charge: $_____

Card Holder's Signature: _____ Date:_____