



Date: _____

Adriane Fonoimoana

BYU-Hawaii Off-Campus Coordinator
BYUH #1936
55-220 Kulanui St. BLDG 5
Laie, HI 96762

Dear Adriane,

I am writing to inform you that _____, will be
Student's full name and 7 digit BYUH ID number

residing in my home at: _____,
Residential Address

during _____ . I am certifying that I either own or rent the entire dwelling
Current Semester

at which this student will be living, rent free, or at a rent rate of _____ .

If I can be of further assistance, please feel free to contact me by phone: _____

or email: _____ .

Sincerely,

Name of Relative

Relationship

Signature of Relative

Date

Name of Student

Student ID

Signature of Student

Date

Parent/Legal Guardian signature is required for all students under the age of 18.

Name of Parent/Legal Guardian

Relationship

Signature

Date