



Housing Request Form

Date of Request: _____

Name: _____

Male Female

Date of Birth: _____ (Age _____)

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

POINT OF CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Fax Number: _____

Type of Accommodation:

- Home Stay
- YWCA
- Hawaii Student Suites
- Other

Period: _____ ~ _____ (per week/ month)
MM/DD/YY MM/DD/YY

Misc. Request: _____

*Any allergies or medical treatment: None/ Yes, I have ()

*Please introduce yourself: _____

Is this your first time in Hawaii? Yes If not, how many times? _____

Is Airport Pick Up Needed? Yes No

Arrival Date: _____ Arrival Time: _____ AM/PM
MM/DD/YY MM/DD/YY

*If necessary, provide information below

Airline/Fight Number: _____

*Signature of Applicant: _____ *Date: ____/____/____

*By this signature I have read and understand the cancellation policy as noted and the administration fee of \$250.00 is non-refundable.

**Completed housing form does not guarantee housing.

**We strongly recommend the student purchase travel insurance. Academia is not responsible for any damages, accidents, or injury incurred during their stay at a host family, condominium, or dormitory, the student is solely responsible. _____ (initial)