



Assistance Request Form

Date: _____

Requestor/Contact Name: _____

Department/Campus: _____

Phone No.: _____ Email: _____

1. I am requesting:

Statement of Self-Insurance / Proof of Insurance

Waiver / Medical Consent Form

County Indemnification Approval

Other:

2. Description of Request (include all pertinent information and attach any relevant documents):

3. Date by which a response is desired: _____

Submit completed form and attachments via email to: orm@hawaii.edu.

Please send all requests for legal advice or review/approval of legal documents to the Office of General Counsel.