

Waiākea High School Transcript Request Form

Date: _____

Academy _____
(Current students only)

Please *print* your name: _____

If different, name while attending school: _____

GRADUATION YEAR: _____ Birthdate: _____

(Student less than 18 years of age must have **Consent for Release of Information** form signed by parent/guardian.)

Where you can be reached if we encounter a problem filling your request:

Phone number: _____ Email: _____

Cash payment must be made at the time of request. No payments by check or money order will be accepted. We send your transcripts by USPS mail or electronically. Official transcripts will be emailed only to Waiākea High School counselors and educational institutions specifically requesting emailed transcripts. Additional fee may be assessed for transcripts mailed outside of the US. Please allow 5 days for postmark processing. Official transcripts cannot be faxed.

CURRENT STUDENTS (Indicate the number of transcripts in the space provided)

Official Transcript: _____ Mailing - \$1.00 _____ Email - \$0.50 (provide email address below)
(First 2 requests are FREE) _____ Issued to Student - \$0.50 _____ To Counselor or Educational Institutions ONLY

Unofficial Transcript: _____ Issued to Student - \$0.25 _____ Faxed - \$0.25 _____ Email - \$0.25

ALUMNI - \$1.00/transcript (Indicate the number of transcripts in the space provided)

Official Transcript: _____ Mailing _____ Pick-up _____ Email (provide email address below)
To Educational Institutions ONLY

Unofficial Transcript: _____ Mailing _____ Faxed _____ Email (provide email address below)

Please indicate the reason for the request(s):

School Employment Scholarship Armed Forces Other

SPECIAL REQUESTS: _____

School administered test scores (HSA, SBA, ACT - taken at the school) are included unless otherwise requested. Current report cards may be included upon request. For SAT scores or ACT scores (tests taken at other locations or during non-school hours) must be requested separately by the student.

PLEASE PRINT COMPLETE RECIPIENT ADDRESS(ES), EMAIL ADDRESS(ES) HERE, AND/OR ATTACH ANOTHER SHEET:

Your signature is required: _____

*Hand deliver, mail, fax, or email this completed **signed** form to the address or fax # below. **Cash payment is required before processing.***

Waiākea High School
Office of the Registrar (A202)
155 West Kāwili Street
Hilo, Hawai'i 96720-5038
Phone: 808-974-4826
Fax: 808-974-4880
Email: liane_martin@notes.k12.hi.us

NOTICE
The Department of Education shall assess and collect a service charge of \$25 for any dishonored (bad) check in accordance with Chapter 40-35.5 H.R.S. (Effective 07-02-07)