



WAIPAHA COMMUNITY SCHOOL FOR ADULTS
HILO CAMPUS

155 West Kawili Street P-27 • Hilo, HI 96720
Phone: (808) 974-4100 • Fax: (808) 974-6170



TRANSCRIPT REQUEST FORM

Please carefully READ and FOLLOW the instructions below.

- 1. Print and fill out all fields on the transcript request form. PLEASE PRINT LEGIBLY!
2. Attach a clear copy of your State I.D. or Driver's License.
3. Payments of transcripts are only accepted by:
a. Cash (exact amount)
b. Money Order (payable to D.O.E. - State of Hawaii)
4. Mail completed form, copy of I.D., and payment to the following address:
Waipahu Community School for Adults - Hilo Campus
155 West Kawili Street P-27
Hilo, HI 96720
ATTN: TRANSCRIPT REQUESTS

NOTE: Failure to submit all required information/documents stated in request form may delay or prevent your request from being processed.

STUDENT INFORMATION

Current Legal Name: Last First Middle Initial
Other Last Names Used While Attending: Social Security Number:
Current Address: Apt #:
City: State: Zip Code:
Home Phone: Cell Phone: Date of Birth: / /

TRANSCRIPT REQUEST DETAILS

Reason for Transcript (Circle One): School Job Military Other
Transcript Options (Check One): [ ] RUSH - \$5.00 each transcript (Two working days to process) [ ] Regular - \$2.00 each transcript (Five working days to process)
Number of Copies: Number of Copies:

Mail Transcript To: [ ] Self - (Address stated above) [ ] Other: Agency/School - (List address below. If mailing to more than one address, list additional addresses on back of form)
Agency/School Name: Attention:
Address: Suite #:
City: State: Zip Code:

TRANSCRIPT RELEASE AUTHORIZATION

In accordance with the Federal Family Educational Rights & Privacy Act (Public Law 93:380), I authorize Waipahu Community School for Adults, the release of my academic records.

Student Signature (REQUIRED): Date:

FOR OFFICE USE ONLY

Date: Cash M.O.#: Amount: Receipt Number: Initial: