WAIPAHU COMMUNITY SCHOOL FOR ADULTS
KONA CAMPUS

74-5062 Onipa'a Street • Kailua-Kona
Phone: (808) 313-3032 • Fax: (808) 327-4693

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 – Kona Campus
   74-5062 Onipa'a Street
   Kailua-Kona, HI 96740
   \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)
Number of Copies: _____

☐ Regular - $2.00 each transcript
(Five working days to process)
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: _____