



# WAIPAHU COMMUNITY SCHOOL FOR ADULTS

## HILO CAMPUS

155 West Kawili Street P-27 • Hilo, HI 96720  
Phone: (808) 480-3231 • 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  
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 (Check 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: \_\_\_\_\_