



WAIPAHU COMMUNITY SCHOOL FOR ADULTS

WAHIAWA CAMPUS

1515 California Avenue • Wahiawa, HI 96786
Phone: (808) 305-3200 • Fax: (808) 621-7765



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)
 - c. Pay online (credit card/eCheck)
4. Mail completed form, copy of I.D., and payment to the following address:
Waipahu Community School for Adults, 1515 California Ave., Wahiawa, HI 96786
OR
Fax required documents to 808-621-7765

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 Online M.O.#: _____ Amount: _____ Receipt Number: _____ Initial: _____