



WAIPAHU COMMUNITY SCHOOL FOR ADULTS
WAIPAHU CAMPUS

94-1211 Farrington Highway • Waipahu, HI 96797
Phone: (808) 307-9677 • Fax: (808) 675-0259



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
94-1211 Farrington Highway
Waipahu, HI 96797
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 Regular - \$2.00 each transcript
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: