



WAIPAHU COMMUNITY SCHOOL FOR ADULTS
WINDWARD CAMPUS

730 Iliaina Street • Kailua, HI 96734
Phone: (808) 307-1455 • Fax: (808) 254-7958



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, 730 Iliaina Street, Kailua, HI 96734

OR

Email required documents to sheri.murai@k12.hi.us

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: 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: