

45-527 Pakalana Street Honoka'a, HI 96727

Phone: (808) 775-8800 Fax: (808) 775-8803

TRANSCRIPT REQUEST FORM

Mail this form to the steve.hanks@k12.hi.us

Requester information	J11.		
Legal First Name:	Legal Last Name	: Last Name When Atte	nded:
Home Address:		Phone #:	
Home Address.		Thone w	
City:	State:	Zip Code:	
Birth Date:		High School Graduation Year:	
Address Where The Transcript Should Be Sent:			
Name of School:			
Address:			
Address.			
City, State, Zip Code:			
Do You Want Test Scores Included? YES NO			
Do fou want lest so	ores include	i: ies NU	
Student Signature:		Date:	
Parent Signature:		Date:	
i ai chit dignatui c.		Date.	

^{*}If you're a student requesting for a transcript and are under the age of 18, then Parent/Guardian's Signature is required.

^{*}Turn around time for requested transcripts to be completed will be between 1 to 2 days once request form is turned into our office.