

# REQUEST FOR TRANSCRIPTS

Waimea High School

PO Box 339

Waimea, HI 96796

Attn: Registrar

Ph. (808) 338-6800

I would like to request:

\_\_\_ Official transcript(s), **NOT** handled by student or parent/guardian.

\_\_\_ Unofficial transcript(s), given to student or parent/guardian for personal use.

Permission of parent/guardian is required to release transcripts and college entrance test score for students under the age of 18.

TRANSCRIPT REQUESTED BY: DATE OF REQUEST: \_\_\_\_\_

(Please print) # of transcript(s): \_\_\_\_\_

Name:

\_\_\_\_\_  
Last, First MI

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Phone / Year Graduated

\_\_\_\_\_  
SIGNATURE/ BIRTHDATE

\_\_\_\_\_  
PARENT/GUARDIAN 's SIGNATURE IF UNDER AGE OF 18

**Send Transcript(s) to: list all complete addresses: (Please print clearly)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please enclose \$1.00 for each mailed transcript to cover handling cost.**