

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.**