



Kalaheo High School

730 Iliaina Street, Kailua, HI 96734 :: 808.305.0200

ATTN: Student Service Office Transcript Request

(Circle one of the following:)

Present Grade/Year Graduated/Year Withdrew: _____

Date of Birth: ____/____/____

PRINT: LEGAL LAST NAME FIRST MI MAIDEN (if different from legal last)

CURRENT ADDRESS CITY STATE ZIP HOME/CELL PHONE

Requesting my OFFICIAL Transcript (all official transcripts include a school profile). An official transcript will only be mailed to an appropriate institution (employer, college/school, scholarships, etc.)

Official Transcript must include (check all that apply):

- Current test scores posted on transcript (SAT/ACT)
- 7th semester transcript (sent in January for current seniors only)
- Quarter 1 report card

Requesting my UNOFFICIAL Transcript: An UNOFFICIAL transcript may be mailed or picked up by yourself or the individual you have designated below. Transcript pick up is in the Kalaheo HS main administration office.

If mailing, please **PRINT EXACT** mailing address where transcript should be mailed :

Name & Address: (Please check for accuracy)

For unofficial transcripts only:

Do not mail transcript, check option desired.

Pick up personally on ____/____/____ (date)

Request for _____
(print authorized person's name)

to pick up on ____/____/____

Processing Fee options (allow 5 business days):

- \$2.00 - Transcript Only with test scores (no additional forms)
- \$3.00 - Transcript to include additional forms (ex: common application form, letters of recommendation, etc.)

Expedite/Rush Processing Fee - +\$5.00 per transcript

Same day processing, requests received by 3pm will be sent to the Post Office by the next business day.

Cash, money order or cashier's check only. Personal checks are not accepted.

Student's Signature: _____ Date: _____
(Signature must be the requestor of the above transcript)

*****Parent/Guardian must sign below if student is under the age of 18 years old.*****

Parent/Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE MAILED: _____ PROCESSED BY: _____ RECEIVED BY: _____ AMOUNT PAID: _____ MO / CC / CASH