



Request for High School Transcript

Please complete all sections of this request form. Billing for current students will be at the end of the school year. Please make payments at the main office using cash only Esteemed alumni--FREE. Allow 1-2 weeks for processing of transcripts. Send this form by mail, fax, or email. **Mail: 980 Lahainaluna Road, Lahaina, HI 96761**

Fax: 808-662-3978/Email: 414transcripts@lahaina.k12.hi.us.

STUDENT INFORMATION					
Last Name		First Name		Middle Initial(s)	
Previous Name (if applicable)				Date of Birth	
Email Address (print clearly)				Telephone	
Choose one <input type="checkbox"/> current student <input type="checkbox"/> former student		Graduation Year		Total number of transcripts (\$1 per) <input type="checkbox"/> one <input type="checkbox"/> more (use the back)	
FIRST TRANSCRIPT INFORMATION					
Institution/Business/Organization					
Attn Counselor/Office/Person			Email		
Address (Number, Street Name)					
Address (City, State, Zip Code)			Fax number		
DEADLINE		OFFICIAL transcript certified (stamped, signed, & sealed) by Registrar Choose transcript delivery via <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up			
<input type="checkbox"/> current semester <input type="checkbox"/> 8 th semester *after graduation; do not mix this request with "current semester" requests		UNOFFICIAL transcript not certified (not signed) by Registrar Choose transcript delivery via <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up <input type="checkbox"/> Fax <input type="checkbox"/> Upload to student; we will not upload to organization			
Include test scores <input type="checkbox"/> No <input type="checkbox"/> Yes, ACT/SAT--Student will provide to be added to envelope <input type="checkbox"/> Yes, SBA (Smarter Balanced Assessment)					
AUTHORIZATION FOR RELEASE OF RECORDS					
I authorize Lahainaluna High School to release academic transcripts to the agency/person(s) listed above.					
Student signature (parent/guardian if under 18)				Date	
Print Parent/Guardian Name		Parent/Guardian Signature		Date	
The following person may pick up the transcript on my behalf					
For office use only	Received	For office use only	Processed & Recorded	For office use only	Sent & Notified

Addresses for Multiple Transcript Requests Please provide the complete information for each transcript requested.

#2 TRANSCRIPT	#3 TRANSCRIPT
<input type="checkbox"/> OFFICIAL transcript certified (stamped, signed, & sealed) by Registrar Choose transcript delivery via <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up	<input type="checkbox"/> OFFICIAL transcript certified (stamped, signed, & sealed) by Registrar Choose transcript delivery via <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up
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Institution/Business/Organization	Institution/Business/Organization
Attn Counselor/Office/Person	Attn Counselor/Office/Person
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Address (City, State, Zip Code)	Address (City, State, Zip Code)
Email/Fax number	Email/Fax number
DEADLINE	DEADLINE
Check front side for specific information <input type="checkbox"/> Current semester <input type="checkbox"/> 8 th semester	Check front side for specific information <input type="checkbox"/> Current semester <input type="checkbox"/> 8 th semester
Check front side for specific information Include test scores <input type="checkbox"/> No <input type="checkbox"/> Yes, ACT/SAT <input type="checkbox"/> Yes, SBA	Check front side for specific information Include test scores <input type="checkbox"/> No <input type="checkbox"/> Yes, ACT/SAT <input type="checkbox"/> Yes, SBA
#4 TRANSCRIPT	#5 TRANSCRIPT
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