



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
 Final transcript

- Requesting my UNOFFICIAL Transcript:** An UNOFFICIAL transcript can be mailed or picked up by yourself or the individual you have designated below. Transcript pick up in the Kalaheo HS main office will call.

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, NCAA application, 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.

Payment Options: Cash, money order, cashier's check, or business check only, no personal checks will be 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: _____ RECEIVED BY: _____ PROCESSED BY: _____ AMOUNT PAID: _____ CASH / CK / MO