

**OFFICE USE ONLY:**

Received: \_\_\_\_\_ Mailed/PU: \_\_\_\_\_ Paid: \_\_\_\_\_

Diploma Info: Grad Date: \_\_\_\_\_ Diploma #: \_\_\_\_\_ ID#: \_\_\_\_\_



# TRANSCRIPT REQUEST FORM

WAIANAĒ HIGH SCHOOL

85-251 Farrington Hwy.

Waiānae, HI 96792

(808) 697-9400 (808) 697-7018 FAX

\_\_\_\_\_  
Year of Graduation or Year(s) at WHS

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Maiden

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone or Cell Phone

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is under 18 years of age)

\_\_\_\_\_  
Date

**DIPLOMA VERIFICATION:** Cost: \$1.00

## TRANSCRIPT TO INCLUDE: (check all that apply)

All High School years attended + Scores (Hsa, SAT, ACT)

All High School years attended

## COST OF TRANSCRIPTS:

\_\_\_ OFFICIAL

Mail to Address Below

**or**

Self Pick Up (will be sealed in envelope)

\_\_\_ UNOFFICIAL

Mail to Address Below

**or**

Self Pick Up (will be sealed in envelope)

\_\_\_ FAX

Faxed transcripts are considered unofficial FAX # \_\_\_\_\_

If mailing, submit EXACT ADDRESS where transcript(s) should be sent:

(College, Universities, Scholarship Organization, Business, etc)

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