



TRANSCRIPT REQUEST FORM DIPLOMA VERIFICATION REQUEST FORM

Wai'anae High School
85-251 Farrington Highway
Wai'anae, Hawai'i 96792
(808) 697-9400 (808) 697-9561 FAX

STUDENT INFORMATION

Graduation Year or Years at WHS		Date of Birth (mm/dd/yy)
Student Last Name	Student First Name, Middle Initial	Student Maiden Name (if applicable)
Address		
City/State	Zip Code	Contact Phone Number

Cost <input type="checkbox"/> \$1.00 <input type="checkbox"/> \$3.00 <input type="checkbox"/> \$3.00	Select One <input type="checkbox"/> Diploma / Certificate Verification <input type="checkbox"/> Transcript <input type="checkbox"/> Transcript (including test scores)	OFFICE USE ONLY: Graduation Date _____ Diploma # _____
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OFFICIAL COPY OPTIONS

UNOFFICIAL COPY OPTIONS

<input type="checkbox"/> Self Pick-Up _____ <input type="checkbox"/> Other to pick up _____ <input type="checkbox"/> Transcript to be provided in a sealed envelope; will be unofficial if opened. <input type="checkbox"/> Mail to (write the address exactly as it should appear on the envelope) <i>Example:</i> Office of Admissions _____ University of Hawaii - Manoa _____ 2600 Campus Road, Rm 001 _____ Honolulu, HI 96822-2385 _____	<input type="checkbox"/> Email _____ <input type="checkbox"/> Fax (_____) _____ - _____
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AUTHORIZATION

Requester Signature _____ Date _____

(Other to Pick Up) Signature _____ Date _____

(Other to Pick Up) Print Name _____ Date _____

OFFICE USE ONLY: Date Received _____ Date Mailed _____ Date Faxed _____ Date Emailed _____
