**OFFICE USE ONLY:**

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

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

TRANSCRIPT REQUEST FORM

WAIANAE HIGH SCHOOL

85-251 Farrington Hwy.

Waianae, HI 96792

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



Year of Graduation or Years(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 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:**

$3.00 for transcripts needed NOW. **(For non current students)**

 \_\_\_\_OFFICIAL Mail to Address Below **or** Self Pick Up (will be in a sealed envelope)

 \_\_\_\_UNOFFICIAL Mail to Address Below **or** Self Pick Up (will be in a sealed 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)

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