



KAMEHAMEHA SCHOOLS HAWAII

# REQUEST FOR OFFICIAL TRANSCRIPT

KAMEHAMEHA SCHOOLS – HAWAII  
16-716 VOLCANO ROAD  
KEA'AU, HI 96749  
PHONE: (808)982-0600  
FAX: (808)982-0610  
HTTP://HAWAII.KSBE.EDU

*It is the STUDENT'S responsibility to insure that:*

- Transcript requests are received by your grade level counselor 15 **School Days** prior to the date you want it postmarked (Remember, when you are on Christmas break, so is your counselor).
- Test scores are requested in a timely manner directly from the College Board and ACT.

## PLEASE PRINT

Student's Full Name and Address \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_

Last

First

Middle

\_\_\_\_\_

Address

City

State

Zipcode

Date of Birth: \_\_\_\_\_

Class of \_\_\_\_\_

I hereby give my consent for the transfer of academic records to the institution(s) listed below.

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Parent's signature (required if the student is under 18)

Mailing instructions (check ONE of the following options):

\_\_\_\_\_ Send now

\_\_\_\_\_ Send after \_\_\_\_\_ semester grades are posted

\_\_\_\_\_ Return to Counselor (Name) \_\_\_\_\_ Deadline: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_ Deadline: \_\_\_\_\_

Send Official Transcript to:

Address #1 – Number of copies to this address: \_\_\_\_\_

Address #2 – Number of copies to this address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deadline: \_\_\_\_\_

Deadline: \_\_\_\_\_

Address #3 – Number of copies to this address: \_\_\_\_\_

Address #4 – Number of copies to this address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deadline: \_\_\_\_\_

Deadline: \_\_\_\_\_

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For Registrar's Use Only:

Transcript(s) processed and sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_