

KAHUKU HIGH & INTERMEDIATE SCHOOL

Attention: Registrar's Office
56-490 Kamehameha Highway
Kahuku, HI 96731
Telephone: (808) 305-7351
Fax: (808) 293-8960

Lolanda Mainaapu-remigio@notes.k12.hi.us

Office Use Only: _____
Date Recv'd: _____
Date Mailed: _____
Amount Recv'd: _____

REQUEST FOR TRANSCRIPTS

Please request the transcript at least 48 hours ahead of the date it is to be sent by. Please do not expect transcripts to be processed when the form is submitted. No request will be processed by way of a phone call, fax or email. All transcript request must be mailed in and are processed after payment is made. The registrar's office holds transcripts from the year 1991 – to present. If you're looking for a transcript prior to 1990, please be sure that your request is made early as it takes approximately 2 to 3 weeks because it's on microfilm. *******All requests must be submitted with Identification. *******

FEES:

Unofficial Transcript: \$0.25 each (COPY) Official Transcript: \$1.00 each (COLLEGE, SCHOLARSHIP, NCAA, JOB, UNION, ETC) CASH – MONEY ORDER – CASHIERS CHECK – PERSONAL CHECK ACCEPTED

Last Name: (Legal name at time of attendance): _____

Married Name: (If applicable): _____ Date of Birth: _____

First Name: (No nicknames): _____

Contact Phone: _____ Class of: _____ How many Official: _____

Did not graduate here at Kahuku: _____ PICK-UP: _____ How many Unofficial: _____

Please send transcript to the following institution, agency, scholarship committee(s) or self:

Name: _____

Attention: _____

Address: _____

Send Test Scores: Yes: _____ No: _____

Special Request: _____

Name: _____

Attention: _____

Address: _____

Send Test Scores: Yes: _____ No: _____

Special Request: _____

Signature: _____

Parent Signature: (if student is under 18 yrs. of age). _____