

KAHUKU HIGH & INTERMEDIATE SCHOOL

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Kahuku, HI 96731

Telephone: (808) 293-8950

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Office Use Only: _____

Date Recv'd: _____

Date Mailed: _____

Amount Recv'd: _____

REQUEST FOR TRANSCRIPTS

Please request the transcripts 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 or email. Transcripts are processed after payment is made. Fees are \$0.25 for unofficial transcripts, and \$1.00 for an official transcript. The registrar's office holds transcripts from the years 1991 - 2010. If you're looking for a transcript before this time, please be sure that your request is made early as it takes approximately 2 to 3 weeks. **All requests must be submitted with Identification.**

Last Name: (*Legal name at time of attendance*) _____**Maiden Name: (If applicable)** _____**Date of Birth:** _____**First Name: (No nicknames)** _____**Contact Phone:** _____**Class of:** _____**# of Official:** _____**# of Unofficial:** _____

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

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).** _____