



UNIVERSITY
of HAWAI'I®
WEST O'AHU

Student Services Office
96-129 Ala 'Ike, Pearl City, HI 96782
Ph: (808) 454-4700 Fax (808) 453-6075

TRANSCRIPT REQUEST FORM

Complete the following information and mail or fax this form with payment (check or money order, payable to University of Hawaii). Faxed transcript requests can only be processed with credit card payment. If paying by credit card (Visa, MasterCard or JCB), complete the "Credit Card Authorization Form" which can be found online at <http://www.uhwo.hawaii.edu/forms>.

Student's Information:			Today's Date: _____		
Last	First	M.I.	(Other Names Used)		
Street Address		Apt. #	City	State	Zip Code
Email Address		(____) _____ Phone Number	Date of Birth		
Student ID Number /SSN		X _____ Student Signature (Signature required to process this request)			

Cost: (Please indicate number of copies) _____ () If more than one copy, send in separate envelope

_____ Regular: \$5 per copy (processed within 10 business days after form & payment are received)

_____ Rush: \$15 per copy (processed within 2 business days after form & payment are received)

Total Amount Due: _____

Are you currently enrolled at UHWO? _____ Yes _____ No If not, indicate last semester attended: _____

<p>Send Transcript To:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Mailing Instructions:</p> <p>() Send Now.</p> <p>() Send after semester grades are posted for: (circle one): Fall Spring Summer</p> <p>() Send after degree / certificate posted. (Allow 8-10 weeks after commencement.)</p>	<p>Transcript Policies</p> <ul style="list-style-type: none"> • Transcripts will not be released to students with financial obligations. • Transcripts are sent at the request of the student with their authorized signature. • Transcripts will not be released to a third party without written consent of the student. • Transcripts released directly to the student will be noted.
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For Official Use Only:	Amount Paid _____	Date Sent _____	Rev. 7/08
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