

Waiākea High School Transcript Request Form

\$1 per Transcript Processing Fee (Current Waiākea High School students - first two copies free of charge)

Payments should be in cash - we are not equipped to accept electronic payments

Allow up to 5 days for processing

Date: _____

WHS Counselor _____

Please **print** your name: _____
LAST NAME FIRST NAME MI

If different, name while attending school: _____

GRADUATION YEAR: _____ Birthdate (MM/DD/YYYY): _____

(Student less than 18 years of age must have [HAR 34: Consent for Release of Information](#) form signed by parent/guardian. All others will complete HAR themselves.)

Where you can be reached if we encounter a problem filling your request:

Phone number: _____ Email: _____

FOR CURRENT STUDENTS ONLY: check one of the options below

- Please process my request:
- Now, with grades up until the end of the previous school year
 - When Semester 1 grades are available (January)
 - When final grades are available (June)

CASH payment is required before processing. We send your transcripts by USPS mail or electronically.

Additional fee may be assessed for transcripts mailed outside of the US. While most requests can be fulfilled within 1 business day, please allow up to 5 days for processing. *Official transcripts cannot be faxed to anyone nor emailed to yourself.*

How many of each type of transcript are you requesting?

Official	Unofficial	Include Test Scores*		Provide Mailing/Email/Fax # as appropriate
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing	_____
			<ul style="list-style-type: none"> • Include recipient's name • For multiple addresses, please list them on the back of this form or attach another sheet 	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pick-Up (please make an appointment)	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fax (provide Fax #)	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email to Counselor	_____
			For Common App For SENDeDu	Other: _____
NA	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email to self (Unofficial Only)	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email College/University (make sure they accept emailed transcripts)	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Scholarship	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Business for Employment	_____

*School administered test scores (HSA, SBA, ACT - taken at the school). Current report cards may be included upon request. SAT scores and/or ACT scores (tests taken at other locations or during non-school hours) must be requested directly from collegeboard.org and/or act.org by the student.

Your signature is required: _____

Electronic Signatures are not accepted. Print form, and sign.

Mail Transcript Request forms/payment to:
Waiākea High School
Office of the Registrar (A202)
155 West Kāwili Street
Hilo, Hawai'i 96720-5038

To make Payment, Drop Off Request Form, Pick-up Transcripts:
Call for appointment: **808-974-4888 extension 241 or 225**
Email for appointment: **liane.martin@k12.hi.us**
leianna.nakashima@k12.hi.us

Fax: 808-974-4880 www.waiakeahigh.k12.hi.us/transcript-request



**STATE OF HAWAI'I
DEPARTMENT OF EDUCATION**

**CONSENT FOR RELEASE
OF INFORMATION**

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Grant permission to the Hawai'i Department of Education, WAIAKEA HIGH SCHOOL
Name of DOE School or Office

155 W. KAWILI STREET HILO HI 96720
Address City State Zip Code

KELCY KOGA, PRINCIPAL 808-974-4888 808-974-4880
Department of Education Contact Phone Number Fax Number

To: RELEASE RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawai'i Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) **to or from the agency or person listed below:**

As requested per Transcript Request Form.

Name of Agency or Person Phone Number

Address City State Zip Code

Specify document(s)/information authorized for release or receipt:

Transcripts (official and unofficial as requested).

For the purpose of:

College Application, Job Application, Scholarship Application, Personal Use.

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

 Parent/Legal Guardian or Eligible Student Signature
Electronic Signatures are not accepted. Print form, and sign.

 Date

 PRINTED Name of Parent/Legal Guardian or Eligible Student

 Phone Number

Address City State Zip Code