

### Waiākea High School Transcript Request Form

*\$1 per Transcript Processing Fee*

*Payments should be in cash – electronic payments can be made by ordering transcripts via Parchment  
(<https://www.parchment.com/u/registration/9727/account>)*

**Allow up to 5 days for processing**

Date: \_\_\_\_\_ Birthdate \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Please **print** your name: \_\_\_\_\_  
LAST NAME FIRST NAME MI

If different, name while attending school: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR CURRENT STUDENTS ONLY:**

WHS Counselor: \_\_\_\_\_

**Please process my request**

- Now  
July – Dec: grades/credits up until the previous school year.
- When Semester 1 grades are available (January)  
Semester 1 report cards will be attached
- Jan – June: grades/credits that include Semester 1
- When final grades are available (June)

**CASH payment is required before processing.** We mail transcripts by USPS mail. Additional fees 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? All test scores will be included unless otherwise specified.**

Number of Official	Number of Unofficial	Application Deadline: _____	* Include Test Scores? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Mailing (include address to the right) <ul style="list-style-type: none"> <li>• Include recipient’s name</li> <li>• For multiple mailed transcripts, list recipients and addresses on the back of this form, or attach another sheet</li> </ul>	_____
_____	_____	Pick-Up (please make an appointment)	_____
_____	_____	Email Waiākea HS Counselor for upload <input type="checkbox"/> CommonApp <input type="checkbox"/> Parchment / SENDedu <input type="checkbox"/> Other	(List schools below, on the back of this sheet, or attach a separate sheet) _____ _____ _____
<u>NA</u>	_____	Email to self (Unofficial Only)	email address: _____
_____	_____	Email to College/University (check to see if they accept emailed transcripts)	email address: _____
_____	_____	Email to Scholarship	email address: _____
_____	_____	Email to Business for Employment	email address: _____

\*School administered test scores (HSA, SBA, ACT - taken at the school). 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/graduate.

**HAR 34: Consent for Release of Information** must be signed by an adult. Parents/Guardians will sign HAR 34 for students under the age of 18.

**Your signature is required:** \_\_\_\_\_

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: **808-480-3172 or 808-480-3173**  
Email for appointment: [liane.martin@k12.hi.us](mailto:liane.martin@k12.hi.us)  
[leianna.nakashima@k12.hi.us](mailto:leianna.nakashima@k12.hi.us)  
Fax: **808-974-4880**      [www.waiakeahigh.k12.hi.us/transcript-request](http://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 808-480-3200 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

As requested per Transcript Request Form.  
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, Eligible Student, Alumni Signature Date

\_\_\_\_\_  
PRINTED Name of Parent/Legal Guardian, Eligible Student or Alumni Phone Number

\_\_\_\_\_  
Address City State Zip Code