

KEA'AU SCHOOL REQUEST FOR TRANSCRIPT

Select one

Official Transcript \$1.00

Unofficial Transcript (only for pickup) \$.25

NAME _____ Maiden _____
Last First MI

Grade _____ Last year attended/Graduation date _____

Phone Number _____ Date of Birth _____

Please prepare my transcripts (check all that apply):

- With **ALL** grades posted as of today
- Include all test scores
- Seniors/Graduates Final Grades

Request made by:

- Student
- Other, relationship _____

SELECT ONE OF THE FOLLOWING:

My **OFFICIAL** transcript should be sent to the following address:

- I will pick up my transcript
- I would like my transcript mailed

ALLOW 48 HOURS FOR REQUEST TO BE PROCESSED

***ID required for all mail requests**

By signing I agree that all information provided is factual and I am the person legally allowed to request a transcript from Kea'au High School.

Signature*

Date

*Parent/Guardian signature required for student under 18 years of age

Office Use Only Date Sent _____

Date Paid _____