



Request for High School Transcript

Molokai High School

P.O. Box 158

Ho'olehua, HI 96729

Phone: (808) 567-6950 Fax: (808) 567-6960

Email: lori.kaiama@k12.hi.us

Please allow three (3) days for transcript request to be processed.

PERSONAL INFORMATION

Last Name:

First Name:

Date of Birth:

Phone Number:

Email:

Select One:

Current Student

Graduate

Former Student

Enter year graduated or last year completed (if former student):

TRANSCRIPT OPTIONS

Pick Up:

Unofficial Copy (free)

Official Copy (\$1.00)

How many?

Mail:

Unofficial Copy (\$0.75)

Official Copy (\$3.00)

Institution:

Address:

City:

State:

Zip Code:

Email:

Fax:

Unofficial Copy (\$1.00)

Official Copy (\$2.00)

Fax Number:

Institution/Person _____

Include:

Test Scores

Most Recent Quarter Grades

Optional:

I authorize

to pick up my transcript on my behalf.

Student's Signature

Parent's Signature (if under 18 years old)

FOR OFFICE USE ONLY

Receipt number: _____

Date received: _____

Initials: _____