

HONOLULU COMMUNITY COLLEGE - RECORDS OFFICE

874 DILLINGHAM BOULEVARD | HONOLULU, HI 96817-4598

PHONE: (808) 845-9120 | FAX: (808) 847-9872

DIRECTIONS: FILL OUT A TRANSCRIPT REQUEST FORM FOR EVERY RECIPIENT. ENCLOSE THE APPROPRIATE PAYMENT. MAKE CHECKS PAYABLE TO THE UNIVERSITY OF HAWAII. ADDITIONAL POSTAL FEES ARE CHARGED FOR TRANSCRIPTS SENT OUTSIDE OF THE U.S.A. DO **NOT** SEND CASH.

PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL		OTHER NAME(S) USED	DATE OF BIRTH
ADDRESS		PHONE NUMBER	
CITY	STATE	ZIP CODE	UH ID OR SOCIAL SECURITY NUMBER

SEND TRANSCRIPT TO: (ONE TRANSCRIPT REQUEST FORM PER ADDRESS)

NAME/ORGANIZATION _____
 STREET LINE 1 _____
 STREET LINE 2 _____
 CITY, STATE, ZIP CODE _____

IF ADDRESSED TO STUDENT, DO YOU WANT IT IN A SEALED ENVELOPE TO SUBMIT TO ANOTHER PARTY? YES NO

All transcripts released to the student will be stamped, "ISSUED TO STUDENT". As these transcripts bear the Honolulu Community College seal, they are nonetheless official. It simply advises a third party that the student had personal possession of the "ISSUED TO STUDENT" transcript.

REQUEST TYPE AND QUANTITY

No. of copies = _____ x \$15 for RUSH* (within 24 hours)
 No. of copies = _____ x \$5 for REGULAR* (7 Business Days)
***MAILING TIME NOT INCLUDED**

WHEN SHOULD TRANSCRIPTS BE PROCESSED?

- [] NOW
- [] AFTER (specify semester) _____ GRADES ARE POSTED
- [] AFTER DEGREE IS CONFERRED (allow 10 weeks after semester ends)
- [] OTHER (specify) _____

SIGNATURE

DATE

UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, THIS INFORMATION IS RELEASED TO YOU ON THE CONDITION THAT YOU WILL NOT PERMIT ANY OTHER PARTY TO HAVE ACCESS TO SUCH INFORMATION WITHOUT THE WRITTEN PERMISSION OF THE STUDENT.

===== FOR OFFICE USE ONLY =====

ACCOUNT CLEAR _____ BY _____ | TRANSCRIPT FEE PAID \$ _____ BY _____ | DATE PROCESSED _____ BY _____

Original – Records

Yellow – Student

Revised 11/23/18 Records - CSR