**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.

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<table>
<thead>
<tr>
<th>PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL</th>
<th>OTHER NAME(S) USED</th>
<th>DATE OF BIRTH</th>
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<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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**SEND TRANSCRIPT TO:** (ONE TRANSCRIPT REQUEST FORM PER ADDRESS)

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<tr>
<th>NAME/ORGANIZATION</th>
<th>STREET LINE 1</th>
<th>STREET LINE 2</th>
<th>CITY, STATE, ZIP CODE</th>
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**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**

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ACCOUNT CLEAR ________________ BY ______ | TRANSCRIPT FEE PAID $ __________ BY ______ | DATE PROCESSED ________________ BY ______

Original – Records  
Yellow – Student  
Revised 11/23/18 Records - CSR