

# OFFICIAL TRANSCRIPT REQUEST FORM

## STUDENT INFORMATION

First Name \_\_\_\_\_ Middle Name (optional) \_\_\_\_\_ Last Name \_\_\_\_\_

Name when enrolled at KS Maui, *if different*. \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

7-digit KSID # (*if known*) \_\_\_\_\_ Last year attended KS Maui \_\_\_\_\_ Graduated from KS Maui? \_\_\_\_\_

### PURPOSE OF REQUEST

- College Application     Scholarship Application     Employment  
 Personal     Other \_\_\_\_\_

**Pick up Transcript** (*Allow 7 business days for processing*) I or a designated person will pick up transcript. Name of designated person to pick up transcript. \_\_\_\_\_

**Mail Transcript:** (*Allow 7 business days for processing*) QUANTITY \_\_\_\_\_

**Send Transcript Electronically:** (*Allow 7 business days for processing*)

School/College/Scholarship/Organization/Employer Name: \_\_\_\_\_

Recipient's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I hereby give consent for the release of my academic transcript to the party listed above.**

X \_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

## KAMEHAMEHA SCHOOLS MAUI

**INSTRUCTIONS:** Fill out transcript request completely and legibly.

Submit transcript request to the Office of the Registrar by mail, fax, or email.

Current students **MUST** submit their transcript requests in Naviance.

Allow seven (7) business days for processing.


**COST:** No charge.


**PRIVACY:** Transcripts are confidential and issued only at the written request of the student. Telephone requests are not accepted.


**SAT/ACT TEST SCORES:** Scores are not included on the KS transcript. Test scores must be requested directly from College Board and/or ACT.

**DUAL CREDIT COLLEGE TRANSCRIPTS:** Transcripts must be obtained directly from the institution.

### SUBMIT TRANSCRIPT REQUEST TO:

 Kamehameha Schools Maui  
Attn: Registrar - Transcripts  
270 'A'apueo Parkway  
Pukalani, HI 96768

 Email to: [shquisqu@ksbe.edu](mailto:shquisqu@ksbe.edu)

 Fax: (808)572-7250