

MAUI COMMUNITY COLLEGE

TRANSCRIPT REQUEST FORM *must be completed before we can process a transcript request. Request must be received via mail or fax with all of the information below:*

Name: _____ Email address: _____
 Last/Maiden First

Address: _____ Telephone: _____

Birthdate: _____

Soc. Sec.#: _____

Dates of attendance: _____

Transcript to be mailed to (indicate exact address): _____

Number of transcripts to be sent: _____

Optional and only by student request. I authorize Maui Community College to release all my academic records to: (1) _____

Print name of person/organization receiving academic records

(2) _____

Print name of person/organization receiving academic records

Original Signature: _____

Student Signature

Date: _____

PAYMENT PROCEDURES – *Must be completed if payment required*

No charge for transcripts sent to Admissions Office within the UH system. All other transcript requests are \$5.00 per copy and will be processed 5-10 work days after receipt of request. **RUSH** transcripts are processed within twenty-four hours after receipt of a completed request. Cost is \$15.00 per copy. Student must indicate by checking box:

Credit Card No. _____ Expiration Date: _____

(Visa or M/C only)

Exact Name on credit card (please print) _____

In the signature block on the backside of credit card, need the last three(3) digits: _____

I authorize MauiCC to charge my (Visa / MC) credit card (\$5.00 or \$15.00) for each transcript.

Original Signature of Card Holder: _____ Date: _____

Check payments should be made payable to: Maui Community College.

For assistance please contact:

Maui Community College Records

Phone: 808-984-3267

Attention: Tressy Aheong

Fax: 808-242-9618

310 Kaahumanu Ave

Kahului, HI 96732-1617