



# REQUEST FOR TRANSCRIPT

Full Name: \_\_\_\_\_  
Last, First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Signature: \_\_\_\_\_

UH ID: \_\_\_\_\_ Phone: \_\_\_\_\_

*Under the Family Education Rights and Privacy Act of 1974 (FERPA), 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 consent of the student.*

Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A fee of \$5.00 per copy is required in advance for transcripts processed within 7 business days. A fee of \$15.00 per copy is required for RUSH transcripts within 2 business days, excluding weekends and State of Hawaii holidays. Please make checks payable to: UNIVERSITY OF HAWAII.

Date: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Are you currently enrolled? Yes, \_\_\_\_\_ Semester/Year  
No

First Attended University of Hawai'i Maui College in: \_\_\_\_\_ Semester/Year

Send transcripts: Now  
After current semester grades are posted  
After degree is posted (allow 8-10 weeks after commencement)

Business Office use only: <input type="checkbox"/> Account clear <input type="checkbox"/> Transcript fee paid	Student Services use only: <input type="checkbox"/> No charge <input type="checkbox"/> Charge \$ _____	Date Transcript Issued: _____
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