

Kamaile Academy PCS

Transcript Request Form

Registration Office
85-180 Ala Akau St., Waianae, HI 96792
Phone: (808) 697-7110, Fax: (808) 697-7115

An official copy of coursework completed at Kamaile Academy may be obtained by completing and submitting the **Transcript Request Form** to the Registration Office. Please use a separate form for each request. Incomplete, illegible, and/or unsigned forms will not be processed.

STUDENT INFORMATION

Last Name First Name MI

Daytime Phone Home Phone

Street Address

Email

City State Zip Code Country

Are you currently a student at Kamaile? Yes No

Student Signature Date

Grade Level

Parent/Guardian Signature Date
(REQUIRED if student is under 18)

If not currently a student, please indicate last semester/year attended:
Fall _____ Spring _____

ORDERING AND FEE INFORMATION

_____ (QTY) Regular Service: \$1 per copy (processed within 5-7 work days after the form and appropriate payment are received)

_____ (QTY) Rush Service: \$5 per copy (processed within 2 work days after the form and appropriate payment are received)

PROCESSING INSTRUCTIONS

Select **ONE** Processing Method:

- Process now
- Process after 6 semesters (thru end of Junior year)
- Process after 7 semesters (thru end of 1st semester Senior year)
- FINAL TRANSCRIPT

Transcript must include (check what is desired):

- SAT Scores ACT Scores Other: _____
(Please specify)

DELIVERY INSTRUCTIONS

Select **ONE** Delivery Method:

- Pick up. Contact me by phone at: _____
when it is ready to be picked up. *Note: A valid photo ID will be REQUIRED when picking up transcript.*
- Submit online. _____
(Please indicate Common App, if applicable, and provide name of college/university and school email address, as needed)

Mail transcript to:

Transcripts are mailed through the US Postal Service, First Class

PAYMENT INFORMATION

Payment (*in-full*) must be accompanied with the completed **Transcript Request Form**. Acceptable forms of payment are cash (*in-person payment only*) and check or money order (*payable to Kamaile Academy*).

Registration Office Use Only Note: Transcript requests for Common App to be forwarded to School Counselor for online submission.

Date Received: _____

Amount Paid: _____

Received By: _____

Date Transcript Sent: _____