



TRANSCRIPT REQUEST FORM

Aiea High School

98-1276 Ulune Street

Aiea, HI 96701

(808) 305-6500

(808) 483-7303 FAX

Year of Graduation or Year(s) at AHS _____

Birthdate (mm/dd/yy) _____

Last Name _____

First _____

Middle _____

Maiden _____

Current Street Address _____

Apt # _____

()

City _____

State _____

Zip _____

Home Phone or Cell Phone _____

Student Signature _____

Date _____

Parent Signature (if student under 18 years of age) _____

Date _____

Transcripts to Include: (check all that applies)

Please allow 3 - 5 business days to process transcripts. Transcripts needed by: _____

all years attended

7 semesters (1st sem senior year)

6 semesters (end of junior year)

Others (specify): _____

Cost of Transcripts:

* Current High School students - No charge for first 2 transcripts. \$1.00 thereafter.

* Graduates/Left AHS: \$2.00 per transcript

Number of Transcripts: _____

OFFICIAL _____

Mail to Address Below

Self Pick Up (will be in a sealed envelope)

UNOFFICIAL _____

Mail to Address Below

Self Pick Up

FAX _____

Faxed transcripts are considered unofficial

If mailing, submit **EXACT ADDRESS** where transcript(s) should be sent:

(College, Universities, Scholarship Organization, Business, etc)

Name and Address: _____

Fax number (if faxing): _____

(include area code, if it's out of state)

OFFICE USE ONLY:

Received by: _____

Date Received: _____

Mailed Transcript on: _____

Amount Paid: _____