

**KING KEKAULIKE HIGH SCHOOL**  
121 Kula Highway  
Pukalani, HI 96768  
Telephone: (808) 573-8710  
Fax (808) 573-2231



Office Use Only  
Date Rec'd \_\_\_\_\_  
Date Mailed \_\_\_\_\_  
Amount Received \_\_\_\_\_

## REQUEST FOR TRANSCRIPTS

Please request the transcript at least 48 hours ahead of the date it is to be sent by. Please do not expect transcripts to be processed when the form is submitted. No request will be processed by way of a phone call, fax or email. Transcripts are processed after payment is made. Fees are \$0.25 for an unofficial transcript, and \$1.00 for an official transcript.

Date \_\_\_\_\_ Class of \_\_\_\_\_

Name \_\_\_\_\_ Contact phone: \_\_\_\_\_

Please send transcript to the following institution, agency, or scholarship committee:

Name \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_

Deadline \_\_\_\_\_ Send Test Scores Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Request \_\_\_\_\_

Name \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_

Deadline \_\_\_\_\_ Send Test Scores Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Request \_\_\_\_\_

Name \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_

Deadline \_\_\_\_\_ Send Test Scores Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Request \_\_\_\_\_

Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(If student is under 18 years of age)