

OFFICIAL TRANSCRIPT REQUEST FORM

STUDENT INFORMATION

First Name _____ Middle Name (optional) _____ Last Name _____

Name when enrolled at KS Maui, *if different*. _____

Address _____ Apt # _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

7-digit KSID # (*if known*) _____ Last year attended _____ Did you graduate from KS Maui? Yes / No

PURPOSE OF TRANSCRIPT REQUEST

- College Application Scholarship Application Employment
 Personal Other _____

I will **PICK UP** my transcript: I or a designated person will pick up transcript. Provide the name of the designated person.

Please **MAIL** my Transcript to: (*Provide complete mailing address.*)

Please **SEND** my Transcript Electronically to: (*Provide the name and email address that transcript should be sent to.*)

Recipient's Name: _____

Email Address: _____

KAMEHAMEHA SCHOOLS MAUI

INSTRUCTIONS: This transcript request form is for students and graduates of KS Maui. Fill out request completely and legibly and sign at the bottom.

Submit transcript request by email, mail or fax.

Allow seven (7) business days for processing.

COST: No charge.

PRIVACY: Transcripts are confidential and issued only at the written request of the student. Phone requests are not accepted.

SAT/ACT TEST SCORES: Scores are not included on the KSM transcript. Request test scores directly from College Board and/or ACT.

DUAL CREDIT/COLLEGE TRANSCRIPTS: Transcripts must be obtained directly from the college or university.

SUBMIT TRANSCRIPT REQUEST TO:



Kamehameha Schools Maui
Attn: Registrar - Transcripts
270 'A'apueo Parkway
Pukalani, HI 96768



Email to: registrarksm@ksbe.edu



Fax: (808)573-7250

I hereby give consent for the release of my academic transcript to the party listed above.

X _____
STUDENT'S SIGNATURE

DATE