

**UNIVERSITY OF HAWAII • KAPI'OLANI COMMUNITY COLLEGE**

Kekaulike Information and Service Center (KISC)  
4303 Diamond Head Road, 'Ilima 102 • Honolulu, HI 96816-4421  
Phone: 808.734.9555 • Fax: 808.734.9896 • Email: kapinfo@hawaii.edu

<b>FOR OFFICE USE ONLY</b>		Name (Last, First):
Banner ID _____	<input type="checkbox"/> SOAHOLD	
<input type="checkbox"/> Optika/Accorde	<input type="checkbox"/> Check records in SHATERM	
Fee Posted By/Date _____	Fee Paid _____	

## REQUEST FOR TRANSCRIPT

Instructions: Please complete and return to the address above. Print clearly.

Name: \_\_\_\_\_  
Last First MI Former Name/Name at time of attendance

ID (UHID, UH username, SSN): \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Attendance Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Transcript Fees** Payment by check (payable to **University of Hawaii'i**), cash, money order or credit card is required in advance.

\_\_\_\_\_ x \$5.00 (for regular processing, 3-5 business days) = \$ \_\_\_\_\_  
\_\_\_\_\_ x \$15.00 (for rush processing, 1 business day) = \$ \_\_\_\_\_

### Credit Card Payment Information

Cardholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Credit Card Account Number:  VISA  MasterCard

Expiration Date: \_\_\_\_/\_\_\_\_ Authorized Amount: \$ \_\_\_\_\_

Card Code (last 3 or 4 digits in signature block): \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

### Mailing Instructions (Circle one option for each transcript request):

- A. Send now.
  - B. Send after (specify semester) \_\_\_\_\_ grades posted.
  - C. Send after degree is posted.
- Degree/Major \_\_\_\_\_ Semester \_\_\_\_\_

Note: Allow 6-8 weeks processing time after semester ends.

**Signature** \_\_\_\_\_

**Date of Request** \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, this information is released to you on the condition that you will not permit any other party to have access to such information without written permission of the student.

### **Transcript Policies**

- Transcripts will not be released to students with obligations (account balances, administrative holds) to the UH System.
- Transcripts are issued at the request of the student with their authorized signature. Transcripts will not be released to a third party without the written consent of the student.
- Official transcripts of credits earned at other institutions are not available for distribution by Kapi'olani Community College.
- A photo ID must be presented upon pick up of transcripts at KISC.

**Request #1** Number of copies for the request below: \_\_\_\_\_

Rush  Regular  Mailing Instructions: A B C

Hold for pick up by: \_\_\_\_\_

Mail to: \_\_\_\_\_

OFFICE USE ONLY ♦ Request #1 – Send by/date \_\_\_\_\_

**Request #2** Number of copies for the request below: \_\_\_\_\_

Rush  Regular  Mailing Instructions: A B C

Hold for pick up by: \_\_\_\_\_

Mail to: \_\_\_\_\_

OFFICE USE ONLY ♦ Request #2 – Send by/date \_\_\_\_\_

**Request #3** Number of copies for the request below: \_\_\_\_\_

Rush  Regular  Mailing Instructions: A B C

Hold for pick up by: \_\_\_\_\_

Mail to: \_\_\_\_\_

OFFICE USE ONLY ♦ Request #3 – Send by/date \_\_\_\_\_