

## Leilehua High School 1515 California Avenue, Wahiawa, HI 96786 :: 808.305.3101

## **Transcript Request**

Please deliver or mail your request to the Registrar's Office. A picture ID is required upon submittal and/or pick up.

P	rint	fu	II name	used	as a	student	at	Leilehua	High	School:
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Last Name		First Name			Middle Name			
Date of Birth://		Graduatio	on Year:					
I hereby give consent for the transfer of ac	ademic	reco	rds (check one)	<b>):</b>				
<ul><li>All semesters to date, includes a</li><li>6 Semesters, includes all grades</li><li>7 Semesters, includes all grades</li></ul>	9-11, ava	ilable	after June of Jun	ior Year				
Include Test Scores on transcript:	○No							
Signature of Student (18 yrs or older)/Requestor		or <i>Sig</i>	nature of Parent/Guardian	(if student is under 18 yrs. old)				
Date of Request:			Contact P	hone Number:				
Process Type	Cos	Cost per Reco		# of Records	Subtotal			
Regular (allow 5 business days from the date request is received)	\$2.00*		2.00*					
Expedite/RUSH (requests recieved by 3pm will be sent to the post office/counselor by the next business day)	\$		1.00*					
*Ca		or mo	oney order only	TOTAL COST				
For Unofficial Copy (Transcripts provided in the following manner will be considered UNOFFICAL)			O For Official Copy Official transcripts are mailed directly from Leilehua High School.					
Select transfer option: (copy of picture ID must accompany request)			Print complete	Name and Mailing Ad which transcipt is to be	I <b>dress</b> of school or			
Fax Number:			*PRINT or TYPE legibly in the box below, this will go in the window envelope  Sample:					
To be picked up by Student/Reque	stor		triis wiii go iri trie	window envelope	Leilehua High School			
Counselor:				Attn: Admissions Office 1515 California Avenue				
For School/Organization: (UH Manoa, NCAA, Sch				Wahiawa, HI 96786				
Are you using the Common Application (commonapp.org) to apply to colleges?								
OYES ONO								
If Yes, then see counselor for approval  Counselor Signature								