



Transcript Request Form

Date: _____

Please print your name while attending school: _____

GRADUATION YEAR: _____ Birthdate: _____

Where you can be reached if we encounter a problem filling your request:

Phone number: _____ Email: _____

Official Transcript: ___ Unofficial Transcript: ___ Kua O Ka La **Alumni** Official Transcript: ___

All Official Transcripts will have a charge of **\$5.00 per copy**. We send your transcripts USPS mail or electronically. Official transcripts (First 5 request are free) will be emailed only to educational institutions specifically requesting emailed transcript. Official transcripts will be mailed **directly** to recipients through the USPS. Official transcript cannot be faxed. Please allow up to 7 business days for processing. **Unofficial** Transcripts (\$2 per) can be faxed or sent to the requester.

Please indicate the reason for the request:

School/College Employment Scholarship Armed Forces Other

Please Include: Test Scores Current Report Card

PLEASE PRINT COMPLETE RECIPIENT INFORMATION (INCLUDING NAME, ADDRESS, EMAIL, FAX)
AND/OR ATTACH ANOTHER SHEET:

Your signature is required: _____ Date: _____

Parent signature: _____

Student under 18 years of age must have this form signed by a parent/guardian. An official photo ID must be attached when submitting this form via fax mail or email or on request when submitting in person.

Pick up, mail, fax, or email this completed signed form with payment (cash or money order only) to the address below.

Kua O Ka La New Century PCS
Attn: Registrar
14-5322 Kaimu-Kapoho Rd
Pahoa, HI 96778

Office: (808) 965-2193
Fax: (808) 965-9618

**Note: KOKL shall assess and collect a service charge of \$25 for any dishonored or returned check.*