

TRANSCRIPT REQUEST FORM	PLEASE COMPLETE BELOW
HONOLULU COMMUNITY COLLEGE - RECORDS OFFICE 874 Dillingham Boulevard Honolulu, HI 96817 Ph: (808) 845-9120 Fax: (808) 847-9872	No. of request = _____ x \$5.00 (7 working days processing)  No. of request = _____ x \$15.00 (RUSH - 24 hours processing)
Print last name, first name, middle initials _____ other name used _____	Make check payable to the University Of Hawaii. Enclose the appropriate payment. Additional postage fees are charged for transcript that is sent outside of the U.S.A. Please do <b>NOT</b> send cash.
Address: _____	<b>WHEN SHOULD TRANSCRIPTS BE PROCESSED?</b>
City _____ State _____ Zip Code _____	<input type="checkbox"/> SEND AFTER (specify semester) _____ GRADES POSTED <input type="checkbox"/> SEND AFTER DEGREE IS CONFERRED (allow 8-10 wks after semester ends)
Phone Number: ( _____ ) _____ Birth date: _____	<input type="checkbox"/> CHECK THIS BOX IF ENROLLED PRIOR TO AUGUST 1986 AT HONCC <input type="checkbox"/> CURRENTLY ENROLLED AT HONCC
<small>HonCC Transcript request is no longer required within the University System. See your Home Institution. Official transcripts of credits earned at other institutions are not available for distributions by HonCC.</small>	<input type="checkbox"/> LAST ATTENDED HONCC _____ SEMESTER _____ YEAR <input type="checkbox"/> ATTENDED APPRENTICESHIP PROGRAM
<b>SEND TRANSCRIPT TO: (One Transcript Request Form per address)</b>	<input type="checkbox"/> MANPOWER TRAINING OFFICE/EMPLOYMENT TRAINING CENTER <input type="checkbox"/> OTHER(specify) _____
PRINT CLEARLY _____ _____ _____ _____	<b>PURPOSE:</b> _____ <b>SOCIAL SECURITY NO. OR BANNER ID:</b> _____ <b>SIGNATURE</b> _____ <b>DATE:</b> _____
If addressed to Student, do you want it in a sealed envelope to submit to another party? <input type="checkbox"/> Yes <input type="checkbox"/> No	===== OFFICE USE ONLY =====
<small>All transcripts released to the student will be stamped, "ISSUED TO STUDENT". As these transcripts bear the HonCC seal, they are nonetheless official. It simply advises a third party that the student had personal possession of the "Issued to Student" transcript.</small>	<input type="checkbox"/> ACCOUNT CLEAR _____ BY _____ <input type="checkbox"/> TRANSCRIPT FEE PAID \$ _____ BY _____
<small>Records (web) rev 12/05</small> <small>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 THE WRITTEN PERMISSION OF THE STUDENT.</small>	DATE PROCESSED _____ BY _____  <small>white - RECORDS      yellow - STUDENT</small>

**Important! Transcript Request Form must be signed in order to be processed.**

**Please call Records Office (808-845-9120) after faxing.**