



Kamehameha Schools Maui
270 'A'apueo Parkway
Pukalani, HI 96768
Phone: (808) 573-7006
Fax: (808) 572-7250
www.ksbe.edu/maui/forms

Transcript Request: Graduates of the Class of 2006-2014 & Former Students

Please fill out your transcript request completely and legibly. If your transcript will be mailed, it is your responsibility to provide a correct and complete mailing address. Incomplete requests will delay processing. Transcript requests will be processed within seven (7) business days. There is no charge. Completed transcript requests should be returned in one of three ways: mail, fax or scanned/emailed to elnoviko@ksbe.edu.

- Parents/guardians may *not* request high school transcripts for a graduate or former student.
- SAT/ACT test scores are *not* included on the transcript. Test scores are requested directly from College Board /ACT.

Today's Date _____

Student's Full Name (First MI Last) _____ Student ID# _____

Class of _____ Phone _____ Student's Email _____

I hereby give consent for the transfer of academic records to the institution(s) listed below.

Student's Signature

ADDRESS 1 # of copies to this address _____

ADDRESS 2 # of copies to this address _____

Purpose: ☐ College Application ☐ Scholarship ☐ Other

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METHOD OF DELIVERY:

☐ I will **PICK-UP** transcript. *In the space above, list the name of who you are sending your transcript to.*

☐ Please **MAIL** transcript now.

☐ Please **MAIL** after _____ semester grades are posted.

☐ Please **GIVE / EMAIL** transcript to: *(mark one)*

Name: _____

For: ☐ Common App ☐ SENDedu ☐ Other

☐ Please **FAX** unofficial transcript to:

Attn: _____ Fax: _____

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