



UNIVERSITY
of HAWAII

HILO TRANSCRIPT FORWARDING REQUEST

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

Instructions:

- This form is to be used to request that copies of transcripts from non-UH institutions be forwarded to a UH System Admissions/Registrar's Office for admission purposes only. **One recipient per form.**
- The original non-UH transcript will remain at UH Hilo.
- Due to FERPA rules, students cannot receive copies of non-UH transcripts from UH Hilo.

Name: _____ Student ID: _____
Last First MI

Email: _____@hawaii.edu Phone: _____

Please forward copies of my previous educational records to the UH System campus indicated below.

Signature: _____ Date: _____

List previous educational institution(s):

_____	_____
Name of institution	City/State or Country
_____	_____
Name of institution	City/State or Country
_____	_____
Name of institution	City/State or Country
_____	_____
Name of institution	City/State or Country

Choose one recipient:

- | | |
|--|---|
| <input type="checkbox"/> UH Manoa Undergraduate Admissions Ofc | <input type="checkbox"/> Hawaii Community College |
| <input type="checkbox"/> UH Manoa Graduate Admissions Ofc | <input type="checkbox"/> Honolulu Community College |
| <input type="checkbox"/> William S. Richardson School of Law | <input type="checkbox"/> Kapiolani Community College |
| <input type="checkbox"/> John A. Burns School of Medicine | <input type="checkbox"/> Kekaulike Information & Service Ctr (KISC) |
| <input type="checkbox"/> UH West Oahu | <input type="checkbox"/> Kauai Community College |
| <input type="checkbox"/> UH Maui College | <input type="checkbox"/> Leeward Community College |
| <input type="checkbox"/> UH Maui College, Molokai | <input type="checkbox"/> Windward Community College |

Method of Delivery: If no method of delivery is selected, transcript will be sent by mail.

Mail Fax UH File Drop Recipient Email: _____

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date sent: _____ Initials: _____