



UNIVERSITY
of HAWAII
HILO

Transcript Request

FOR CASHIER'S OFFICE USE ONLY:

Amount Paid: _____

VISA / MC / CC Other / MO / Cash / Check #: _____

Date Paid: _____ Cashier: _____

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
 Complete the form-fillable request below and **fax to (808) 932-7448 or mail to the address above**. You can also visit our office in person in the Student Services Center or the Cashier's window located in the Student Services Center Rm W-101. Please sign the Transcript Request and call our office at (808) 932-7447 within fifteen minutes after it's faxed to verify we received your request. If you need transcripts sent to more than one location, complete a form for each location. **TRANSCRIPTS WILL NOT BE PROCESSED IF STUDENT HAS A FINANCIAL OBLIGATION HOLD ON THEIR ACCOUNT.** Processing time of all transcripts include production but not mailing/delivery time. Rush processing **does not** include overnight mailing. Transcripts are sent via US Postal Service by First-class USPS postage. Special mailing options (priority and express) are an additional charge. Official transcripts of credits earned at other institutions are not available for distribution by UH Hilo. **Exception: for attendance between 1941 to Summer 1992 at Hawaii Community College.**

SECTION I: Student Information

Name: _____ Student ID or SSN: _____
Last First Middle

Street Address: _____ Birthdate: _____
Street or PO Box City State Zip code

Other Name(s) Used: _____ Email: _____ Phone: _____

Dates of attendance from: _____ to: _____ UH Hilo after Spring 1992 Hawaii Community College/UH Hilo 1941 to Summer 1992

Student Signature: _____ Date: _____

SECTION II: Processing Instructions

Select **ONE** processing method:

- Now**, although some grades may be missing
- AFTER final grades are entered** for the _____ semester
- AFTER degree is conferred** for the _____ semester

SECTION III: Special Processing Instructions

- Fax: _____
- Attach form to transcript
- Other: _____

SECTION IV: Ordering and Fee Information

Select **ONE**:

_____ (Qty) **Regular \$5.00 per copy**
 (Processed within 7 business days upon receipt of request and payment)

_____ (Qty) **Rush \$15.00 per copy**
 (Processed within 1-3 business days upon receipt of request and payment)

NO charge for transcripts sent to any UH System Admissions Office

SECTION V: Special Mailing Options

Additional* Charge WILL apply:

- Priority Mail**
- Express Mail**

*Please refer to our transcript website for pricing:
<https://hilo.hawaii.edu/registrar/transcripts.php>

SECTION VI: Delivery Instructions

Select **ONE** processing method:

Transcripts released to the student are official and will be stamped "Issued to Student." All transcripts are sealed unless requested otherwise.

- Student pick up**
- Authorized pick up person:** _____
- Mail transcript to** (student is responsible for correct mailing address):

Attention: _____
 Company/
 School Name: _____
 Address: _____
 City, State,
 Zip Code: _____
 Country: _____

SECTION VII: Credit Card Payment Information

Cardholder's Name: _____

VISA MC Dollar Amount: _____

Credit Card Number: _____

Expiration Date: _____ CVV2 Code: _____

Cardholder's Phone Number: _____

Billing Address: _____

Cardholder's Signature: _____

By signing this payment authorization form, I acknowledge that this fee is non-refundable and non-transferable.

For Office Use Only: Received: _____ SOAHOLD SHACRSE Microfilm: _____ Processed: _____