



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](mailto: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. 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

- 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)

*NO charge for transcripts sent to any UH System Admissions Office.*

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

## SECTION V: 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: \_\_\_\_\_

*The Family Educational Rights and Privacy Act of 1974 forbids you to disclose any information about the student, which contained in this document, to any other party, either outside your organization or outside the purpose for the disclosure without first obtaining the written consent of the student.*

## SECTION VI: 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: \_\_\_\_\_