

# OFFICIAL TRANSCRIPT REQUEST FORM

## STUDENT INFORMATION

\_\_\_\_\_  
First Name Middle Name (optional) Last Name

\_\_\_\_\_  
Name when enrolled at KS Maui, *if different*.

\_\_\_\_\_  
Address Apt # City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Yes / No

\_\_\_\_\_  
7-digit KSID # (if known) Last year attended Did you graduate from KS Maui?

## PURPOSE OF TRANSCRIPT REQUEST

- College Application  Scholarship Application  Employment  
 Personal  Other \_\_\_\_\_

I will **PICK UP** my transcript: I or a designated person will pick up transcript. Provide the name of the designated person.

\_\_\_\_\_

Please **MAIL** my Transcript to: (Provide complete mailing address.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please **SEND** my Transcript Electronically to: (Provide the name and email that transcript should be sent to.)

Recipient's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## KAMEHAMEHA SCHOOLS MAUI

**INSTRUCTIONS:** This transcript request form is for students and graduates of KS Maui. Fill out request completely and legibly and sign at the bottom.

Submit transcript request by email, mail or fax.

Allow seven (7) business days for processing.

**COST:** No charge.

**PRIVACY:** Transcripts are confidential and issued only at the written request of the student. Phone requests are not accepted.

**SAT/ACT TEST SCORES:** Scores are not included on the KSM transcript. Request test scores directly from College Board and/or ACT.

**DUAL CREDIT/COLLEGE TRANSCRIPTS:** Transcripts must be obtained directly from the college or university.

### SUBMIT TRANSCRIPT REQUEST TO:



Kamehameha Schools Maui  
Attn: Registrar - Transcripts  
270 'A'apueo Parkway  
Pukalani, HI 96768



Email to: [registrarksm@ksbe.edu](mailto:registrarksm@ksbe.edu)



Fax: (808)573-7250

**I hereby give consent for the release of my academic transcript to the party listed above.**

X \_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE