

# TRANSCRIPT REQUEST FORM



**Ka'ū High and Pahala Elementary School**  
Registrar's Office Phone: (808) 313-4132

**PO Box 100**  
Fax: (808) 928-2092

**Pahala Hawaii 96777**  
Email: [laurie.strand@k12.hi.us](mailto:laurie.strand@k12.hi.us)

Family Education Rights and Privacy Act ([FERPA](#)) requires prior written consent from the parent/legal guardian or eligible student before releasing any information from a student's education record. However, the FERPA does not require prior written consent from the parent/legal guardian before releasing any information from a student's education record directly to the student.

**DIRECTIONS:** Download or print this form, then supply information. Digital signatures are **NOT** acceptable. Return this form via email or fax. For dropoff and pick up, please schedule an appointment.

**Legal Name (PRINT):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Name while attending KHPES, if different:** \_\_\_\_\_ **Grad Year:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Complete only ONE BOX (Official OR Unofficial) per transcript request form:**

<input type="checkbox"/> <b>OFFICIAL</b> Transcript	Official Transcript is sent <b>DIRECTLY</b> from the school to the recipient.
<b>OPTIONAL:</b> Check <b>ANY</b> that apply: <input type="checkbox"/> INCLUDE State ACT and SBA, if applicable <input type="checkbox"/> INCLUDE Quarter 1 Report Card (sent in mid-October) <input type="checkbox"/> INCLUDE Semester 1 Report Card (sent in mid-January) <input type="checkbox"/> INCLUDE Quarter 3 Report Card (sent in mid-October) <input type="checkbox"/> FINAL transcript (sent in mid-June)	<input type="checkbox"/> Hardcopy - Mail by USPS <input type="checkbox"/> Softcopy - Sent electronically via <input type="checkbox"/> Email <input type="checkbox"/> Upload: _____ <b>Provide address below</b>

<input type="checkbox"/> <b>UNOFFICIAL</b> Transcript	Unofficial Transcript is provided to the student for personal use.
Check one: <input type="checkbox"/> Email to: _____ <input type="checkbox"/> Name of individual to PICK UP from the Main Office: _____	

<b>I authorize the release of information listed above to:</b> _____ _____ _____ Provide <b>ENTIRE</b> name/mailling address or email address of recipient	<b>Signature(s) Required:</b> Student: _____ Parent: _____ <i>(If student is under 18 years of age)</i> Date: _____
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**Processing TIME and FEE:**

- Allow 3-5 days for processing
- Currently no charge for service

[TRANSCRIPT REQUEST FORM](#) For office use only:

**REQUEST:** Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ **SENT:** Date Process \_\_\_\_\_ by: \_\_\_\_\_ Amount Paid: \_\_\_\_\_