

Pahoa High & Inter School Transcript Request Form for Graduates ONLY

Date: _____

Please *print* your name: _____
LAST NAME FIRST NAME MI

If different, name while attending school: _____

GRADUATION YEAR: _____ Birthdate: _____

(All requests must have [HAR 34: Consent for Release of Information](#) form signed to be processed - attached)

Where you can be reached if we encounter a problem filling your request:

Phone number: _____ Email: _____

We send our transcripts by email for no charge. Official transcripts must be sent directly to the institution and not to you. If you want the transcripts mailed, you must provide us with a stamped, addressed envelope for that mailing to occur. While most requests can be fulfilled within 1 business day, please allow up to 5 days for processing. Official transcripts cannot be faxed.

How many of each type of transcript are you requesting?

Number of		Include			
Official	Unofficial	Yes	No		
_____	_____			Mailing	_____
				<i>(Provide us with a stamped, addressed envelope if you want the transcript mailed)</i>	_____
_____	_____			Pick-Up from PHIS	_____
_____	_____			Fax (provide Fax #)	_____
_____	_____			Email to Counselor	
				For Common App	For SENDedu
				Other: _____	
_____	_____			Email College/University	_____
				<i>(make sure they accept emailed transcripts)</i>	
_____	_____			Email Scholarship	_____
_____	_____			Email Business for Employment	_____

School administered test scores (HSA, SBA, ACT - taken at the school). Current report cards may be included upon request. SAT scores and/or ACT scores (tests taken at other locations or during non-school hours) must be requested directly from collegeboard.org and/or act.org by the student.

Student signature is required: _____

Submit Request Forms by:

Mail: Pahoa High School
Office of the Registrar
15-3038 Pahoa Village Road
Pahoa, Hawai'i 96778

Fax: 808-965-5556

Email: shirley.doctor@k12.hi.us
june.sheffield@k12.hi.us

Additional forms available at:
www.pahoahis.org



STATE OF HAWAI'I DEPARTMENT OF EDUCATION

CONSENT FOR RELEASE OF INFORMATION

Student's Name: Last Name First Name Middle Initial Date of Birth:

Grant permission to the Hawai'i Department of Education,

Name of DOE School or Office

Address City State Zip Code

Department of Education Contact Phone Number Fax Number

To: [] RELEASE [] RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawai'i Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) to or from the agency or person listed below:

Name of Agency or Person Phone Number

Address City State Zip Code

Specify document(s)/information authorized for release or receipt:

For the purpose of:

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardian(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

Parent/Legal Guardian or Eligible Student Signature Date

PRINTED Name of Parent/Legal Guardian or Eligible Student Phone Number

Address City State Zip Code

All requests must include a copy of your identification or they will not be processed.