

HAWAII COMMUNITY COLLEGE**ADMISSIONS AND RECORDS OFFICE (ARO)**

1175 Manono St HILO, HI 96720

Phone (808) 934-2710 Fax (808) 934-2501

Email: hawccar@hawaii.edu

SOAHOLD _____

SHACRSE _____

REQUEST FOR TRANSCRIPT

Instructions: Use black or blue ink only, print legibly. Please complete and return to the address above.

Name: _____
Last, First, MI, Suffix Name at time of attendanceAddress: _____
Street/PO Box City State Zip

UH ID or Username: _____ Daytime Phone: (____) _____

Email Address: _____ Birth Date: _____ Attendance Dates: _____

Signature: _____ Date: _____

Transcript Fees: Payment by check (payable to Hawai'i Community College), cash, money order, or credit card is required in advance. Please indicate quantity below; processing time is AFTER payment has cleared:

- _____ x \$ 5.00 (standard processing, within 7 business days) = \$ _____
Quantity Total
- _____ x \$ 15.00 (rush processing, within 24 business hours) = \$ _____
Quantity Total

When should transcripts be processed? Please check only **ONE** box.

- ☐ Now, although some grades may be missing
- ☐ After final grades have been entered for the _____ semester
- ☐ After degree has been conferred for the _____ semester

Delivery Instructions: Please indicate preferred option below.

- ☐ I will pick-up. (must provide photo ID)
- ☐ Third party pick-up.
I authorize _____ to pick up my transcript and deliver it to me. Hawai'i Community College will not be responsible for loss or damage to the transcript once it is released to the third party. NOTE: Authorized third party MUST provide a photo ID.

☐ Mail to:

Name: _____

Address: _____
Street/PO Box City State ZipFor BO Use:

Date Rec'd: _____ By: _____

Amt Paid: _____ Method: _____

ARO Use:

E-log: _____ Init: _____

SHARQTC verified: _____ Init: _____

Paper log: _____ Init: _____