

TRANSCRIPT ORDER FORM

All outstanding financial obligations to the University of Hawai'i must be cleared before transcript requests will be processed.

University of Hawai'i at Mānoa

Office of Admissions & Records

2600 Campus Road, Room 001

Honolulu, HI 96822

Ph: (808) 956-5562 Fax: (808) 956-7830

In-person requests: QLC 105 or QLC 010

STUDENT INFORMATION – Required to identify your record (Please Print)

Full Name (Last, First, Middle)		Other name(s) used	
Street Address			
City		State	ZIP Code
Country		UH Number or Social Security Number	Date of Birth
First Term Attended	Last Term Attended	Phone	Email Address

A. I would like to order:

_____ (Qty) **Regular \$5.00 per copy** (processed within 5 business days after receipt of this request, excluding delivery time).

_____ (Qty) **Rush fee \$15.00 per copy** (processed within 2 business days after receipt of this request, excluding delivery time).

B. Hold order instructions – optional (Transcripts are sent now unless indicated below)

Send after _____ semester grades are posted (*Allow 2 -4 weeks after end of semester*)

Send after _____ semester “degree awarded” notation is posted (*Allow 8-10 weeks after conferral date*)

C. Indicate special handling - optional

Attach separate document

Other _____

Send transcript(s) to:

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Enter name and address of recipient. If requesting to pick up, enter your name and “Student Pickup.” You must present a valid photo ID when picking up your transcript.

Unclaimed or undeliverable transcripts will be destroyed after 30 days. No refund will be issued.

All transcripts released to the student will be stamped “ISSUED TO STUDENT.”

Student's Signature: _____ Date _____

Authorization Signature Required: I authorize release of my transcript as directed on this Transcript Order Form.

PAYMENT INFORMATION (orders with insufficient payment will not be processed)

Student Name: _____

Enclose check or money order (payable to the University of Hawai'i) for mailed requests or complete payment information below for mailed or faxed requests.

UH Number or SSN: _____

Card Holder's Name	Credit Card Number	Exp Date (mm/yy) /
Authorized Amount to Charge	Circle Card Type: VISA MasterCard	
Card Holder's Billing Address (include Zip code)		Card Holder's Phone Number

Card Holder's Signature (required for credit card payment): _____

Official Use Only: Account Clear By: _____ Date Processed: _____ Cash _____ Check _____

Official Use Only: Receipt of Cash Payment (UH Mānoa Transcript Request)

Student Name: _____ UH Number or SSN: _____

Amount: _____ Date: _____ Received By: _____