

TRANSCRIPT REQUEST FORM

University of Hawai'i – Windward Community College
Admissions and Records Office, Hale Alaka'i, Room 112
45-720 Kea'ahala Road – Kane'ohe, HI 96744 (808) 235-7432

NAME: _____
Print Last Name, First Name, MI Other Name(s) Used

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ BIRTH DATE: _____

UH ID/User Name: _____ EMAIL: _____

SIGNATURE (required): _____

SEND TRANSCRIPT TO (print clearly):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

DATE OF REQUEST: _____ NO. OF COPIES: _____

LAST ATTENDED WINCC (semester/year) _____

PROCESS THIS TRANSCRIPT REQUEST:

- checkbox NOW
checkbox AFTER GRADES POSTED – semester/year: _____
checkbox AFTER DEGREE IS CONFERRED – semester/year: _____
(allow 6 – 8 weeks after semester ends)

PROCESS FEE AND TIME:

- checkbox \$ 5.00 per copy – standard process within 7 business days
checkbox \$15.00 per copy – RUSH process within 24 business hours

Fee payment is required before request is processed. Make check payable to University of Hawai'i. Transcripts are sent via USPS only. Process time does not include mail/delivery time. Official transcripts from other institutions are not available for distribution by WinCC. For admissions purposes, it may not be necessary to send transcript within UH System (check with UH campus).

-----OFFICE USE ONLY-----

AMT ENTERED: _____ DATE /BY: _____

DATE PAID/BY: _____ SHARQTC DATE/BY: _____