West Hawai'i Explorations Academy
Transcript Request Form
Attention: Registrar

Date: _____ Birthdate: _____ Graduation Year: _____

PRINT: _____
LAST NAME FIRST NAME

Phone Number with Area Code: _____ Email: _____

*Include Test Scores?
- ☐ Yes
- ☐ No

All test scores will be included unless otherwise noted.

How many of each type are you requesting?:

Number of Official:	Number of Unofficial:	
_____	_____	Mailing. Be sure to include the mailing address and recipient's name below:
		Name of Recipient: _____
		Mailing Address: _____
		_____
		_____
_____	_____	Email WHEA College and Career Counselor (collegeandcareer@whea.net) for upload to: ☐ CommonApp ☐ Other:
N/A	_____	Email to self (**Unofficial Only**). Email address: _____
_____	_____	Email to College/University. Email address:

_____

_____	_____	Email to Scholarship. Email address: _____
_____	_____	Email to Business for Employment. Email address: _____

*School administered test scores (HSA, SBA, ACT - taken at the school). 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/graduate.

HAR 34: Consent for Release of Information must be signed by an adult. Parents/Guardians will sign HAR 34 for individuals under the age of 18.

Your *Signature* (Required): _____

Transcript requests may take up to 5-7 business days to process. **Email (registrar@whea.net) or submit this form to the Registrar.