

TRANSCRIPT REQUEST - COPY TO MAIL

LEEWARD COMMUNITY COLLEGE - RECORDS OFFICE
96-045 Ala Ike
Pearl City, HI 96782 (808) 455-0645 phone (808) 454-8804 fax

Form fields for student information: Last, First, M.I., Other Name(s) Used, Address, Telephone No., City, State, Zip Code, Date of Birth, Email Address, UH Student ID No. or MyUH Portal Username

Note: All transcripts released to the student will be stamped, "ISSUED TO STUDENT". These transcripts bear the LCC seal and are considered official; however, some institutions/agencies may not accept transcripts that are issued to student. Please check with the receiver before submitting your request.

SEND TRANSCRIPT(S) TO: (PRINT CLEARLY - for direct mailing in window envelope)

Four horizontal lines for providing the recipient address for the transcript request.

UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, THIS INFORMATION IS RELEASED TO YOU ON THE CONDITION THAT YOU WILL NOT PERMIT ANY OTHER PARTY TO HAVE ACCESS TO SUCH INFORMATION WITHOUT THE WRITTEN PERMISSION OF THE STUDENT.

Today's Date: \_\_\_\_\_ No. of Copies: \_\_\_\_\_
Dates of Attendance at LCC \_\_\_\_\_ to \_\_\_\_\_
Month & Year Month & Year

WHEN SHOULD TRANSCRIPTS BE PROCESSED? (check one)

- SEND NOW
SEND AFTER (specify term) \_\_\_\_\_ GRADES ARE POSTED
SEND AFTER DEGREE IS CONFERRED (allow 8-10 weeks after sem ends)

Signature

FEES/PROCESSING TIME

FEES are required in advance. (check one)

- \$5.00 per copy (processed within 5 working days)
\$15.00 per copy PRIORITY (processed within 1 to 3 working days)

Make checks payable to: University of Hawaii

Official transcripts of credits earned at other institutions are not available for distribution by LCC.

OFFICE USE ONLY

Transcript fee paid \$ \_\_\_\_\_ Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_

CREDIT CARD PAYMENT FORM

Name of Card Holder: \_\_\_\_\_

Amount: \_\_\_\_\_ VISA MASTERCARD

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ 3 Digit Card Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Signature: \_\_\_\_\_



3 Digit Card Code

TRANSCRIPT REQUEST - OFFICE COPY 1

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TRANSCRIPT REQUEST - OFFICE COPY 2

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Pearl City, HI 96782 (808) 455-0645 phone (808) 454-8804 fax

_____ Last	_____ First	_____ M.I.	_____ Other Name(s) Used
_____ Address			_____ Telephone No.
_____ City	_____ State	_____ Zip Code	_____ Date of Birth
_____ Email Address		_____ UH Student ID No. or MyUH Portal Username	

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