

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 with fields: 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 recipient address information.

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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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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