

STATE OF HAWAII
DEPARTMENT OF EDUCATION
KEALAKEHE HIGH SCHOOL
74-5000 PUOHULIHULI STREET
KAILUA-KONA, HAWAII 96740
(808) 327-4300 FAX: (808) 327-4307

Records and/ or documents are provided as a service by Kealakehe High School, when available. These documents require a signed written request submitted to the Registrars office at least 24 hours in advance. The fee for these documents is \$1.00 per document. The fee is waived for currently enrolled students. Also the fee for transcripts sent directly to a college or university is waived for 30 days after students official graduation day from Kealakehe High School.

The most commonly requested documents are listed below, please place a check-mark beside the item(s) requested and take this letter to the business office to post payment.

1. ___ TRANSCRIPT \$1.00 X ___ copies=\$ _____
2. ___ HEALTH RECORD \$1.00
3. ___ BIRTH CERTIFICATE \$1.00
4. ___ FORM 4140 \$1.00
5. ___ SAT/ACT Test Scores \$1.00

HOME OF THE WAVERIDERS

REQUEST OF TRANSCRIPT

I hereby request _____ copies of my transcript:

Full Name: _____ Graduation: _____

If requesting a transcript be mailed for you, please provide the address:

Address 1: _____

Address 2: _____

Address 3: _____

Address 4: _____

I will pickup transcripts from the Registrars Office. Request for Transcripts request must be made at least one business day prior to pickup.

Student Signature: _____ Date: _____

School: Kealakehe High School
74-5000 Puohulihuli St.
Kailua-Kona, HI 96740

Record of Transcripts provided to/for student:

Official Copy _____ Unofficial Copy _____