## TRANSCRIPT REQUEST FORM

Admissions and Records Office, Ha 45-720 Kea'ahala Road – Kāne'ohe	,	
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:		
ATTENTION:		
ADDRESS:		_
CITY	CTATE.	ZID CODE.

University of Hawai'i – Windward Community College

DATE OF REQUEST:	NO. OF COPIES:	
LAST ATTENDED WINCC (se	mester/year)	
PROCESS THIS TRANSCRIP	T REQUEST:	
□ NOW		
☐ AFTER GRADES POST	TED – semester/year:	
☐ AFTER DEGREE IS CONFERRED – semester/year:		
(allow 6 – 8 weeks after	r semester ends)	
	dard process within 7 business days <b>H</b> process within 24 business hours	
payable to University of H Process time does not ind from other institutions are	before request is processed. Make check lawai'i. Transcripts are sent via USPS only. clude mail/delivery time. Official transcripts not available for distribution by WinCC. For ay not be necessary to send transcript within campus).	
	OFFICE USE ONLY	
AMT ENTERED:	DATE /BY:	
DATE PAID/BY:	SHAROTC DATE/BY:	

WinCC rev 10/01/2019 ff