HAWAI'I PACIFIC HEALTH | KAPI'OLANI PALI MOMI STRAUB WILCOX

Hawai'i Pacific Health Medical Assistant Program
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Hawai'i Pacific Health Medical Assistant Program
Transcript Request Form

We do not accept fax or email requests. You must request for your official Hawai'i Pacific Health Medical Assistant Program in-person or by mail. An official copy of course work completed with the Hawai'i Pacific Health Medical Assistant Program may be obtained by completing and submitting the *Transcript Request Form* to the Admissions Office. Transcripts released directly to the student will be stamped "ISSUED TO STUDENT." Check with the receiving institution if student issued transcripts are permitted. Educational and financial holds must be cleared before requests can be processed. Incomplete, illegible, and/or unsigned forms will not be processed. Attach a valid copy of a current photo ID. Acceptable forms of ID are current Driver's License/Permit, State ID, or Passport. Unclaimed or undeliverable transcripts will be destroyed after 30 days. No refunds will be issued.

First Name:		Middle Initial:		Last Name:	
Other Name(s) Used:				Date of Birth:	
Address:					
City:		State:		Zip Code:	
Student ID:		Email:			
Phone:		Last Attended:	☐ Fall _____ ☐ Spring _____ ☐ Summer _____		

Number of Copies Requesting: _____

Delivery Instructions (check one):
☐ Send Transcript to:

☐ Student Pick-Up – *Must provide valid photo ID upon pick-up.*

☐ Third Party Pick-Up – I authorize _____ to pick up my transcript and deliver it to me. Hawai'i Pacific Health Medical Assistant Program will not be responsible for loss or damage to the transcript once it is released to the third party. Must provide valid photo ID upon pick-up.

☐ Fax to: _____

Process this Request (check one):
☐ Now
☐ After grades are posted – semester/year _____
☐ After certificate is conferred – semester/year _____ (*Allow for 4-6 weeks after semester ends*)

Process Fee and Time:
☐ $5.00 per copy – processed within 5-7 business days (*Checks/Money Orders payable to:* Hawai'i Pacific Health)

FOR OFFICE USE ONLY   Holds: ☐ Yes ☐ No   Fee Charged: _____ Fee Paid: _____

Processed By/Date: _____

Revised 12/1/2023