TRANSCRIPT REQUEST				PLEASE COMPLETE BELOW		
KAUA'I COMMUNITY COLLEGE - Records Office 3-1901 Kaumuali'i Highway Lihu'e, HI 96766-9500			(808) 245-8225	Date of Request Dates of Attendance at KCC:	From	
Last	First	M.I.	Other Name(s) Used	WHEN SHOULD TRANSCRIF ☐ SEND NOW ☐ SEND AFTER (specify semi-	ester)	
City	State	Zip Code	Date of Birth	Transcripts are sent via USPS only. Processing time includes production, but not mailing/delivery time. FEES / PROCESSING		
Signature SEND TRA	NSCRIPT(S) TO:	(PRINT LEGIBLY)	UH Number or SSN	\$15.00 per copy forDO NOT send trans	cessed within 7 working "RUSH" (processed with cripts within the UH system ttended KCC prior to be "RUSH")	days) hin 24 hours) tem (exception: send Fall 1986 - no fee
				OFFICE USE ONLY		
			ELEASED TO YOU ON THE CONDITION THAT THE WRITTEN PERMISSION OF THE STUDENT.	Authorized by \$5.00 paid		m A&R: 5/7/12