TRANSCRIPT REQUEST
INSTRUCTIONS

Transcript requests are processed by the Registrar at Parker School.

Please use the form on the next page to request transcripts. The following information is required when the form is submitted to the Registrar’s Office.

1. Name used while attending Parker School
2. Student’s Date of Birth
3. Year of graduation or last year student attended Parker School
4. Address where your transcript will be sent
   a. OFFICIAL transcripts are mailed directly to requesting school or organization
   b. Transcripts will be UNOFFICIAL if it is sent via email, fax or if it is mailed to student.

If you have graduated from Parker School, your graduation date will be reflected on your transcript.

Duplicate Diploma:
   Duplicate diplomas will not be issued—the diploma is an original document; however, the Parker School Registrar can generate a “Letter of Graduation” on school letterhead. Fill out a Transcript Request Form, select “Letter of Graduation”.

All transcript requests must be signed by the student or by the student’s parent or legal guardian (if under age 18).

Transcript Request can be faxed, scanned and emailed, mailed, or dropped off at the front desk.

**Mail:** Parker School
         Attn: Registrar
         65-1224 Lindsey Road
         Kamuela, HI 96743

**Email:** Registrar@ParkerSchoolHawaii.org

**Fax:** (808) 885-8327
TRANSCRIPT REQUEST

Select One:  
□ Current PS Student enter grade level ______
□ Former Student—Graduated from PS, year of Graduation ______
□ Former Student—Withdrew from PS prior to graduation. Last year of attendance_____

Date of Birth: ____/____/_____

Print: Legal Name While Enrolled at PS

Current Legal Name (if different)

Current Address: 
City: 
State: 
Zip: 
Home/Cell Phone: 

Request for:

□ OFFICIAL Transcript. An official transcript is mailed directly to the School or Organization.

□ UNOFFICIAL Transcript. An unofficial transcript can be picked up, emailed, faxed or mailed to the individual.

□ Letter of Graduation

If mailing, please PRINT EXACT mailing address where transcript should be mailed:

Name & Address:

For unofficial transcripts only:

□ Do not mail transcript, check option desired.

□ Pick up personally on ____/____/_____ (date).

□ Request for __________________________

(print authorized person’s name)

To pick up on ____/____/_____

□ Fax to ________________________________

□ Email to _______________________________

Student’s Signature: ____________________________ Date: ____________________________

(Signature must be the requestor of the above transcript.)

***Parent/Guardian must sign below if student is under the age of 18.***

Parent/Guardian’s Signature: ____________________________ Date: ____________________________

FOR OFFICE USE ONLY:

DATE RECEIVED: ________ DATE MAILED: ________ RECEIVED BY: ________ PROCESSED BY: ________