



# SACRED HEARTS ACADEMY

3253 Waialae Avenue | Honolulu, HI 96816 | 808.734.5058 | fax 808.737.7867

## Transcript Request Form

\_\_\_\_\_ *Full Name (Last, First, MI)* \_\_\_\_\_ *Maiden*

\_\_\_\_\_ *Address* \_\_\_\_\_ *City, State, Zip*

\_\_\_\_\_ *Contact Phone Number* \_\_\_\_\_ *Year Graduated* or \_\_\_\_\_ *Years Attended*

\_\_\_\_\_ *Date of Birth*

- Transcript required for:
- Employment
  - Education
  - Self

**Send transcript to:** \_\_\_\_\_

<input type="checkbox"/>	Official or <i>(signed &amp; sealed)</i>
<input type="checkbox"/>	Unofficial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *Signature (All transcript request forms must be signed)*

\_\_\_\_\_ *Date*

Transcript Request Forms may be mailed to: Counseling Office  
Sacred Hearts Academy  
3253 Waialae Avenue  
Honolulu, HI 96816

or Faxed to: 808-737-7867 -- Attention: Counseling Office

or Scanned and Emailed to: [Imorinaga@sacredhearts.org](mailto:Imorinaga@sacredhearts.org)