



**Transcript Request Form**

*All outstanding financial obligations to Academia Language School must be cleared before transcript request can be processed*

Academia Language School

1600 Kapiolani Blvd, Suite 1215  
Honolulu, HI 96822  
Ph: (808) 946-5599 Fax: (808) 947-4655

**STUDENT INFORMATION – Required to identify your record (Please print)**

Full Name (Last, First)		Other name(s) used	
Street Address			
City		State/Province/Prefecture	Postal Code
Country		Date of Birth	
First term Attended (Example: Spring 2010)	Last Term Attended (Example: Winter 2011)	Telephone Number	Email Address

I would like to order:

- A. \_\_\_\_\_ For pick up (Transcript will be available for pick up after 10 business days from receipt of this request. Please call to confirm earlier availability.)
- B. \_\_\_\_\_ For mail delivery to address below (Transcript will be mailed within 10 business days of receipt of this request.)

Enter name and address below to which you want transcript mailed:

The transcript processing fee is \$5.00 per request. For payment instructions, please contact the Academia Language School front office. Telephone: (808) 946-5599; Email: [learn@academiaschool.com](mailto:learn@academiaschool.com).

Special Notes:

If there is a pressing need to expedite the processing of the transcript request, please explain the nature of that need below. Every attempt will be made to expedite processing of special requests; however, no guarantees can be made.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature Required: I authorize release of my transcript as directed on the Transcript Request Form.

*Revised 03/29/17*