This is a fillable PDF



Transcript Request

Assets School One Ohana Nui Way Honolulu, HI 96818 Registrar: 808-440-3601 Fax: 808-422-1920

info@assets-school.net www.assets-school.net

Please release records for:			
D. CDI d. C. LAN 1		egal Name (Please	
Date of Birth: School Attend If the requester is not a current studen			Grad Year:
if the requester is not a current studen	t, prease provide	me following.	
Name:		Relation to s	student:
Address:			
Phone:	E-mail:		
 COMPLETE THE ENTIRE FORM, incl Please allow at least ten (10) business of Transcripts for current students will be so When electronic delivery is not possible 	days to process and ent electronically an	l <mark>deliver</mark> id can be tr acked via	•
 ✓ CHECK ALL THAT APPLY: ☐ Official Transcript (Assets and AOP ☐ *Unofficial SAT Scores ☐ *Unofficial ACT Scores ☐ Hold for pick-up in the school of 	ŕ	TYPE OF Initial Midye	
 PURPOSE FOR REQUEST College Application Scholarship Other please specify 		<u>, </u>	
Name of Institution			
Contact Person, Office, or Department			
Street Address			
City		State	Zip Code
			-
Signature of Student (or requestor if not stud	ent)	Date	

*Official Test Scores must come directly from the testing agency.

Request forms should be delivered to the high school secretary in the office during school hours or emailed directly to the registrar. If you prefer to hand deliver your transcript leave it in the sealed envelope or it will not be considered official.