



# 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 (signed & sealed)
<input type="checkbox"/>	Unofficial

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\_\_\_\_\_  
*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:

lmorinaga@sacredhearts.org