TRANSCRIPT REQUEST
HEALD COLLEGE - HONOLULU
(FORMERLY KNOWN AS CANNON'S SCHOOL OF BUSINESS)

Note that this form must be mailed to HPEAP with the student's original signature. (Emailed and/or scanned copies will not be accepted). Effective July 1, 2016, a transcript request fee of $10 per transcript copy is required. Checks should be made payable to "DCCA". Transcript requests postmarked from 7/1/16 and thereafter must enclose payments before record searches will be conducted. You may be sent a transcript before the check you sent us for your required fee clears the bank. If your check is returned to us unpaid, you will have failed to pay the required fee and will not be allowed to request any additional copies of transcripts. You must pay the required fee, plus a $25 service fee for any check that is returned by the bank. You must pay this total amount in cash in person, or you may mail in a cashier's check or money order.

Please print or type:
STUDENT INFORMATION:
Full Name: (Please note the name you used while a student at Heald)

_____

_____

Address: _____

_____

Phone Number: _____   Email Address: _____

Student I.D. Number: _____   Program of Study: _____
(If not known, please provide last 4 digits of your SSN#.)

Did you graduate? If yes, year graduated: _____   If you did not graduate, year withdrew: _____

SEND TRANSCRIPT TO: **Check here to pick up in person instead** ☐

Name: _____

Address: _____

_____

We will notify you via Email, the day that the transcript has been mailed out. Unclaimed or undeliverable transcripts will be destroyed after 30 days. No refund will be issued.
If requesting pickup, you must present a valid photo ID when picking up your transcript.
In order for a third party to pick up your transcript, you must provide the person with written, signed authorization. The person will be required to show your written authorization and his or her photo ID at the time of pickup.

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

STUDENT'S SIGNATURE: _____ **DATE:** _____