



2933 Poni Moi Road, Honolulu, HI 96815
Phone (808) 922-2744 ~ Fax (808) 923-4514
www.lapietra.edu ~ info@lapietra.edu

REQUEST FOR TRANSCRIPT

FOR OFFICE USE ONLY	
Date Received: _____	Received By: _____
Date Mailed: _____	Mailed By: _____
Date Form Returned to College Counselor: _____	

Today's Date: _____

PLEASE PRINT

STUDENT'S FULL NAME & ADDRESS

Last First Middle

Mailing Address Apt./Suite #

City State Zip Code Phone #

Birthdate: _____ Email Address: _____ Class of: _____

Student Signature: _____

(Without your signature this request cannot be processed)

1. MAILING INSTRUCTIONS (check one of the following options):

- ____ Send now
- ____ Send after _____ term grades are posted
- ____ Send after "diploma awarded" notation is posted (allow 3-4 weeks after commencement)
- ____ Other: _____

2. SPECIAL INSTRUCTIONS:

- ____ Sign & seal envelope flap (for transcripts addressed to student only)

3. DATES OF ATTENDANCE AT LA PIETRA: _____ to _____
Month & Year Month & Year

4. Please check box to include transcripts from former school

5. SEND TRANSCRIPT TO:

ADDRESS #1 - Number of copies to this address: _____

ADDRESS #3 - Number of copies to this address: _____

ADDRESS #2 - Number of copies to this address: _____

ADDRESS #4 - Number of copies to this address: _____

Submit in person to Ms. Lane