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REQUEST FOR TRANSCRIPT

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

PLEASE PRINT

Today's Date: _____

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: _____

