Transcript Request Form

FHS Office of the Registrar, 1564 N. King St., Honolulu, HI 96817 Tel.# 808-832-3622 FAX# 808-832-3624 or 808-832-3587

l,	, DOB:			
Print Legal Last Name (or Maiden Last Na			•	
whose last public school atte	ended was Fari	ington High School,	am:	
Requesting my Official (An Official transcript is only mailed, o				
Requesting my <u>Un-Of</u> (An Un-Official Transcript can be either	ficial Farring er mailed to you or give	ton High School To to you by the Registrar's Office	ranscript:	
Choose one option:Mail transcrip	t to address below.	I will pick up transcrip	ot at Registrar's	Office.
Name of Requesting Person, Institution	or Employer			
Street Address		City	State	Zip Code
Specific person or office receiving this tr	anscript.	Example: University of Hawaii Adn	nissions Office	
Signature of Requestor		Date		
Transcript needed for:				
ome Tel. #		Cell Phone #		
Year of Graduation for Last Year attended For Payment of \$1.00 must accommodate the second se	Farrington High Sch	ool.		
Make checks out to W.R. Farri		· · · · · · · · · · · · · · · · · · ·		,

In accordance with the Family Educational Rights Privacy Act of 1974, W.R. Farrington student academic records are classified as confidential and will be released only with the <u>student's written authorization and signature</u> and only to the specific party and for the specific purposes as determined by the students. Transcripts released to the individual student may be considered Un-Official.

Requests will be processed within 72 hours of receipt.

An Official transcript is sent directly from the Registrar to the specified individual/institution and will be affixed with the school seal.