

Registrar, Hawaii Tokai International College 91-971 Farrington Highway, Kapolei HI 96707 Email: studentservices@tokai.edu Fax: (808) 983-4173

## TRANSCRIPT REQUEST FORM

Name:			
Last	First	Middle Name/Initial	
Student ID:		Date of Birth: / /	
Are you currently enrolled at HTIC?	Yes No	Month Day Year	
If no, last attended HTIC: $\Box$ Fall $\Box$ S	Spring □ Summer □ Winter		
Email Address:	@tokai.edu		
Signature (Required)		Date:/	_
Select from the options:			
☐ Send Transcript To:			
	Schoo	ol/Company/Organization etc.	
	Street Address		
	Apt/Suite/Other	City	State
	ZIP Code Country		
☐ Send as PDF by Ema ☐ Student Pick-Up	il:	(email address required. \$10.00)	
☐ After degree confirmed –	m/year(Allow fo	or 4-6 weeks after term ends)	
☐ \$15.00 per RUSH copy –	opy – processed within 7 business days - processed within 2 business days Friday, the earliest pick-up or mailing v	Qty: Qty: will be on Monday.	
<ul> <li>□ Regular air mail within th</li> <li>□ Regular air mail outside t</li> <li>□ Priority mail within the U</li> <li>□ Express mail within the U</li> <li>□ Priority mail outside the U</li> </ul>	ct to change. Your payment will be adjusted the U.S. there is <b>no charge</b> (delivery within the U.S. add <b>\$2 per transcript</b> (delivery w.J.S. add <b>\$9</b> (delivery within 4-5 business d.J.S. add <b>\$30</b> (delivery within 2-3 business d.J.S. add <b>\$40</b> (delivery within 7 business d.J.S. add <b>\$78</b> (delivery within 3-5 business	vithin 10-14 business days) days) days) days)	
Transcript Amount Due: _	Postage Amount Due:	Total Amount Due:	
Credit Card Payment (pay in the acc	counting office Room A119 first and bri	ing the receipt with this form back to OSS):	
Гуре of CC: CC# _			
	ard:		
Signature:	Teleph	none:	
FOR OFFICE USE ONLY: Issued	d By:	Date of Issue:/	(Rev. 6/2019)