

Accepted By: ____

Transcript Forwarding Request Form

This form is used to request a copy of your non-UH transcript to be forwarded to another campus in the UH system. The original non-UH transcript will remain at UH West Oʻahu. Note: We do not provide copies or forward any non-UH transcripts to students and institutions outside of the UH system.

One recipient per form. Submit the completed form to the Office of the Registrar, C-141 or use UH West Oʻahu Secure File Transfer at westoahu.hawaii.edu/sft and select "Records Department". Please allow 5-7 business days within receipt for processing.

Student Information							
Last Name		First Name			Middle	UH ID	
Cell Phone		Home Phone			UH Email Address		
List previous education	nal institution(s)					
Name of Institution				City / State or Country			
Name of Institution				City / State or Country			
Name of Institution				City / State or Country			
Name of Institution				City / State or Country			
UH Campus Recipient				ı			
Select one campus below:							
UH Mānoa Undergraduate Admissions Office				Honolu	Honolulu Community College		
UH Mānoa Graduate	Admissions Office			Kapiʻolani Community College			
UH Hilo				Kaua'i Community College			
UH Maui College				Leewar	Leeward Community College		
UH Maui College, Molokai				Windward Community College			
Hawai'i Community College							
Delivery Method							
If no method of delivery is s	selected, transcrip	nt will be sent by m	nail.				
Mail F	Fax	UH FileDrop If UH FileDrop, please indicate recipient email:					
Student Signature							
I authorize the University of Hawai'i-West O'ahu to forward a copy of my non-UH transcript(s) as requested.							
Student Signature (Required)		Date					
Front Office Use Only				Office of the Registrar Use Only			
SAAACKL:				SPACMNT:			

Processed By: ____