

Kosasa Academy Multisensory Learning Center

25 Kaneohe Bay Dr, Kailua HI 96734

Transcript Request

Legal Name of Student: _____
Last, First, Middle

Date of Birth: _____

- Unofficial Transcript(s): For students and institutions
- Unofficial Digital Transcript(s): For students and institutions, sent by email
- Official Transcript(s): ONLY mailed directly to colleges, universities, institutions and employers

Mail to: _____
Office, Department, Person

School, University, Business

Address

City, State, Zip Code

Office, Department, Person

School, University, Business

Address

City, State, Zip Code

Request by a former student 18 years or older:

Email: _____ Phone Number: _____

Address

City State Zip Code

Student Signature: _____ Date: _____

Request by a parent/guardian for students under 18 years of age:

Email: _____ Phone Number: _____

Address

City State Zip Code

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

There is a charge of \$10 per transcript (cash or check). Checks can be made payable to Kosasa Academy and mailed to PO Box 4741, Kaneohe, HI 96744