DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
HAWAII POST-SECONDARY EDUCATION AUTHORIZATION PROGRAM (HPEAP)
P. O. Box 541
Honolulu, Hawaii 96809
Access this form via website at: cca.hawaii.gov/hpeap

TRANSCRIPT REQUEST

HEALD COLLEGE - HONOLULU

(FORMERLY KNOWN AS CANNON'S SCHOOL OF BUSINESS)

Note that this form must be mailed to HPEAP with the student's original signature. Please send a stamped business envelope (No. 10 envelope 4-1/8" x 9-1/2") for each copy you are requesting. (Emailed and/or scanned copies will not be accepted).

Please print or type:
STUDENT INFORMATION:
Full Name: (Please note the name you used while a student at Heald)

_____

_____

Address: _____

_____

Phone Number: _____ Email Address: _____

Student I.D. Number: _____ Program of Study: _____
(If not known, please provide last 4 digits of your SSN#.)
Did you graduate? If yes, year graduated: _____ If you did not graduate, year withdrew: _____

SEND TRANSCRIPT TO: **(Please indicate next to each, whether it should be an official or unofficial copy.)**

Name: _____

Address: _____

_____

Name: _____

Address: _____

_____

We will notify you via Email, the day that the transcript has been mailed out.

Authorization Signature Required: I authorize release of my transcript as directed on this Transcript Request Form.

STUDENT'S SIGNATURE: _____ **DATE:** _____

4/2016

Print Form