

**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](http://cca.hawaii.gov/hpeap)**

**TRANSCRIPT REQUEST**

**WORLD MEDICINE INSTITUTE (WMI)**

Please include a self addressed stamped envelope for each transcript requested

Note that this form must be mailed to HPEAP with the student's original signature.  
(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 WMI)

\_\_\_\_\_

\_\_\_\_\_

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\*:**

**Check here to pick up in person instead**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\*Please include a self addressed stamped envelope with correct postage affixed for each transcript. We will notify you via Email, the day that the transcript has been mailed out. Unclaimed or undeliverable transcripts will be destroyed after 30 days. If requesting pickup, you must present a valid photo ID when picking up your transcript. In order for a third party to pick up your transcript, you must provide the person with written, signed authorization. The person will be required to show your written authorization and his or her photo ID at the time of pickup.

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

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_