

MYRON B. THOMPSON ACADEMY 1040 RICHARDS ST., STE. 220 HONOLULU, HI 96813 Office: (808) 441-8000 Fax: (808) 683-7062

TRANSCRIPT REQUEST/AUTHORIZATION FORM

Submit the completed form to <u>Mr. Sumiye via email</u>. Please allow three business days for your request to be processed.

Name:				Date:
	Last,	First	(Maiden)	
Address: _				Phone:
Year Graduated OR Last Year Attended: _				Birthdate:

Complete the section below:

I consent to have the school disclose the requested information contained in the school records for the above named student, which may include but is not limited to standardized test scores, grades, and attendance.

Student Signature:

Parent Signature (Required if under age 18)

Quantity:	Description: please include complete mailing address including the name of the school/organization. Also include if test scores or any other record is being requested in addition to your transcript.	
	Mail Unofficial Copy directed to:	
	Mail Officia l Copy directed to Address 1 (Cannot be a home address):	
	Mail Official Copy directed to Address 2 (Cannot be a home address):	

Submit this completed form via email to Mr. Sumiye at <u>mrsumiye@ethompson.org</u>. You may also submit this form to the school via regular mail to the address listed at top of this page.

*****Official Transcripts will not be mailed to home addresses.** Please contact Mr. Sumiye with any questions.

Office Use Only
Date Received:
Date Sent: