



SACRED HEARTS ACADEMY

3253 WAIALAE AVENUE • HONOLULU, HAWAII 96816 • 808-734-5058 • FAX 808-737-7867 • WWW.SACREDHEARTS.ORG

Transcript Request Form

Full Name (Last, First, MI) *Maiden*

Address *City, State, Zip*

Contact Phone Number *Email Address*

Sacred Hearts Academy Alumna? Yes, Class of _____
No, Attended from (dates) _____ to _____ Grade level(s) _____

Date of Birth

Transcript required for: ☐ Employment
☐ Education
☐ Self

Send transcript to: _____

☐	Official or (signed & sealed)
☐	Unofficial

Signature (All transcript request forms must be signed) *Date*

Transcript Request Forms may be mailed to: Counseling Office
Sacred Hearts Academy
3253 Waialae Avenue
Honolulu, HI 96816

or Scanned and Emailed to: lmorinaga@sacredhearts.org