

**JAMES B. CASTLE HIGH SCHOOL
Transcript Request / Authorization**



Date: _____

Name: _____
 Last *First* *(Maiden)*

Address: _____

Phone: _____ Birthdate: _____ / _____ / _____

Year Graduated OR Last year attended: _____

Complete the section below:

I consent to have the school disclose the requested information contained in the school records for the above named student.

Quantity	Description
	Verification of Graduation Letter
	Unofficial Transcript
	Official Transcript
	To:
	Address:

Fee Schedule:

Transcripts for current
Castle High School
students: No charge

Transcripts for all prior
years: \$3.00

Verification of Graduation
Letter: No Charge

Records take 48 hours to process. Copies mailed to individuals are unofficial. Official copies of transcripts must be mailed directly to a school, employer, or organization.

Student Signature

Parent Signature (required if under 18 years old)

James B. Castle High School
Attn: Registrar Office
45-386 Kaneohe Bay Drive
Kaneohe, HI 96744
(808) 305-0842

Office Use Only
Date Filled:
Fee Received: \$