

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 Mr. Sakima or Mr. Sumive. Please allow three business days for your request to be processed.

Name:				Date:
Address: _	Last,	First	(Maiden)	Phone:
Year Graduated OR Last Year Attended:				Birthdate:
		Comp	lete the section below	':
	named stude		-	contained in the school records for o standardized test scores, grades,
Student Signature:			Parent Signature (Required if under age 18)	
Quantity:	Also			uding the name of the school/organization. uested in addition to your transcript.
	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):	
mrsumiye@ listed at top ***Official T	ethompson of this page.	.org. You may also	submit this form to the scl	Dethompson.org, or Mr. Sumiye at nool via regular mail to the address se contact Mr. Sumiye with any
questions.			Office Use Only ate Received:	_