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

TRANSCRIPT REQUEST/AUTHORIZATION FORM

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 **Official** 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. Sakima at mrsakima@ethompson.org, or Mr. Sumiye at mrsumiye@ethompson.org. 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: _____