



**MYRON B. THOMPSON ACADEMY**  
629 POHUKAINA ST, SUITE 3  
HONOLULU, HI 96813  
(808) 441-8000

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Student Number: \_\_\_\_\_

**TRANSCRIPT REQUEST/AUTHORIZATION**

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 standardized test scores, grades, and attendance.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent Signature (required if under 18)**

Quantity	Description
	Mail <b>Unofficial</b> Copy directed to:
	Mail <b>Official</b> Copy directed to Address 1:
	Mail <b>Official</b> Copy directed to Address 2:
	Mail <b>Official</b> Copy directed to Address 3: