



Community Colleges of Spokane HIGH SCHOOL TRANSCRIPT REQUEST

Institute for Extended Learning
Transcripts and Records MS 3027
2917 W Fort George Wright Dr
Spokane WA 99224-5202
FAX 509-279-6070

Fill in all information completely. Please PRINT.

- \$5 nonrefundable fee per transcript
- Allow minimum of one week for processing
- Payment required prior to processing

Date _____

Student identification number

Social Security number

Your Social Security number is confidential and, under a federal law called the Family Educational Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment and accountability research.

Name _____
Last First Middle

Address _____
Present mailing address

City _____ State _____ ZIP _____

Phone () _____ () _____
Day Evening

Previous name(s) _____ Birth date _____

Student's signature **REQUIRED** _____

Note: Transcripts include only the academic record for completed classes. Transcripts will not be released if the student has not fulfilled financial obligations to the college.

MAIL TRANSCRIPT TO: No. of copies _____

Name _____

Attn. _____

Address _____

City _____ State/country _____ ZIP _____

Students enrolled at SCC, SFCC or IEL requesting an official transcript be sent from one District 17 unit to another District 17 unit will not be charged the transcript fee.

Last quarter attended _____

_____ SEND (number of copies)

_____ PICK UP (number of copies)

\$ _____ TOTAL AMOUNT

MAIL TRANSCRIPT TO: No. of copies _____

Name _____

Attn. _____

Address _____

City _____ State/country _____ ZIP _____

CASHIER/TRANSCRIPT USE ONLY
Request Denied
<input type="checkbox"/> No transcript _____
<input type="checkbox"/> Outstanding account _____
<input type="checkbox"/> Payment incorrect _____
<input type="checkbox"/> Admissions hold _____
<input type="checkbox"/> Other _____

COMPLETE FOR MAIL AND FAX REQUEST ONLY

Indicate method of payment—DO NOT SEND CASH Check Enclosed Charge my: VISA MasterCard

Card holder's name (please print) _____

Card holder's signature _____

Card number V-Code Expiration date
Month Year

Transcripts of credits—In compliance with the Family Educational Rights and Privacy Act of 1974, a student's grade transcript will be released only upon written request to the Transcript Office. The request must include the student's full name, maiden name if applicable, approximate last date of attendance, student identification number, student's signature, and address(es) where the transcript(s) should be sent.

Allow a minimum of one week for processing. Transcripts include only the academic record for completed quarters. Transcripts will not be released if the student has not fulfilled all financial obligations to the college. Transcripts will not be released to a third party without written permission of the student. Picture ID is required when ordering or picking up transcripts in person.