

The following form can be filled out **Online**, printed for signatures, then mailed or faxed.

**To fill out forms in Acrobat Reader:**

- Select the “hand” tool.
- Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the “Highlight Fields” option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.



# Institute for Extended Learning GED TRANSCRIPT REQUEST

**Institute for Extended Learning**  
Magnuson Building  
GED Program MS 3028  
2917 W Fort George Wright Dr  
Spokane WA 99224-5202  
FAX 509-279-6059 Phone 509-279-6200

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

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Present mailing address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Evening

Previous name(s) \_\_\_\_\_ Birth date \_\_\_\_\_

Student's signature (required) \_\_\_\_\_

**MAIL OR FAX TRANSCRIPT TO:** No. of copies \_\_\_\_\_

Name \_\_\_\_\_

Attn. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/country \_\_\_\_\_ ZIP \_\_\_\_\_

Fax number \_\_\_\_\_

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 OR FAX TRANSCRIPT TO:** No. of copies \_\_\_\_\_

Name \_\_\_\_\_

Attn. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/country \_\_\_\_\_ ZIP \_\_\_\_\_

Fax number \_\_\_\_\_

**CASHIER/TRANSCRIPT USE ONLY**

**Request Denied**

No transcript \_\_\_\_\_

Outstanding account \_\_\_\_\_

Payment incorrect \_\_\_\_\_

Admissions hold \_\_\_\_\_

Other \_\_\_\_\_

**COMPLETE FOR MAIL AND FAX REQUEST ONLY**

Indicate method of payment  Cash enclosed  Check enclosed Charge my:  VISA  MasterCard

Card holder's name (please print) \_\_\_\_\_

Card holder's street address, city, state, ZIP \_\_\_\_\_

Card holder's signature \_\_\_\_\_

Card number  Expiration date   V-code    
Month Year From back of card