



NONCREDIT TRANSCRIPT REQUEST

Spokane Community College
Transcripts and Records MS 2160
1810 N Greene St
Spokane WA 99217-5399
FAX 509-533-7192

**Institute for Extended Learning or
Spokane Falls Community College**
Transcripts and Records MS 3090
3305 W Fort George Wright Dr
Spokane WA 99224-5228
FAX 509-279-6090

Fill in all information completely. Please PRINT.

Name _____
Last First Middle

Date _____

Address _____
Present mailing address

City _____ State _____ ZIP _____

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Student Identification Number

Phone () _____ () _____
Day Evening

Previous name(s) _____

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Social Security Number

Birth date _____

Note: This service requires 48 hours for processing. Transcripts will not be released if the student has not fulfilled financial obligations to the college. Classes are only posted on transcripts at the end of each quarter.

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.

Student's signature _____

MAIL TRANSCRIPT TO:

No. of copies _____

Name _____ Attn. _____

Address _____ City _____ State/Country _____ ZIP _____