

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