



# 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	
<b>Request Denied</b>	
<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.