

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.



Community Colleges of Spokane NONCREDIT TRANSCRIPT REQUEST

Spokane Community College
Continuing Education MS 2150
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 3027
2917 W Fort George Wright Dr
Spokane WA 99224-5202
FAX 509-279-6070

Allow minimum of one week for processing

Fill in all information completely. Please PRINT.

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 _____

Last quarter attended _____

Name _____

_____ SEND (number of copies)

Attn. _____

_____ PICK UP (number of copies)

Address _____

City _____ State/country _____ ZIP _____

MAIL TRANSCRIPT TO: No. of copies _____

Name _____

Attn. _____

Address _____

City _____ State/country _____ ZIP _____

TRANSCRIPT USE ONLY
Request Denied
 No transcript _____
 Outstanding account _____
 Admissions hold _____
 Other _____