

William & Mary Office of the University Registrar Blow Memorial Hall Room 240 WILLIAM PO Box 8795, Williamsburg, VA 23187-8795 (757) 221-2800 (Office) (757) 221-2151 (Fax)

OFFICIAL TRANSCRIPT REQUEST FORM

& MARY transcripts@wm.edu CHARTERED 1693

FEE: \$7.00 per copy (undergraduate and graduate records are included and are considered one copy). Make check payable to "William & Mary." In person payments may be made to the Bursar's Office during regular business hours. *Additional time should be allowed for the request of student records prior to 1986.*

PLEASE PRINT:	
Last Name First Middle	Name while enrolled / PLEASE LIST ALL PRIOR NAMES
Address	Student ID Number (SSN if enrolled prior to summer 2003.)
City State Zip Code	Date of Birth
() Daytime Telephone Are you currently enrolled at W&M? Yes No	Email Address If not currently enrolled, provide date(s) of attendance at W&M: from to
PLEASE INDICATE WHEN TO PROCESS/SEND: HOLD processing untildegree is posted. (BA, BS, MA, PhD, etc.) PROCESS/SEND NOW **Typical processing time is 3-5 business	HOLD processing until current semester grades are posted.
STUDENT APPROVAL: In accordance with the Family Education authorize release of your transcript(s). I certify below that I am pro	onal Rights and Privacy Act (FERPA) of 1974, your signature is required to widing my legal signature.
STUDENT'S SIGNATURE (Electronic Signatures Not Acc	cepted) DATE
PLEASE INDICATE DELIVERY METHOD: I understand that m Will pick up at the Office of the University Registrar by stu Picture ID required for pick up. Will pick up at the Office of the University Registrar by som Permit	indent. Signed release required if transcript will be picked up by someone other than student. Transcripts picked up in person are addressed to the student and bear the stamp "Official Transcript Issued to Student in a Sealed Envelope". D required). Signature required at time of pickup
Attachment(s) No. of Copies:	_ Attachment(s) No. of Copies:
Company or Institution	Company or Institution
Recipient's Name	Recipient's Name
Address	Address
City State Zip	— City State Zip