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

OFFICIAL TRANSCRIPT REQUEST FORM

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. **No transcripts will be released until ALL financial obligations to the University are satisfied**.
Additional time should be allowed for the request of student records prior to 1986.

PLEASE PRINT:

_____
Last Name First Middle

_____
Address

_____
City State Zip Code

(_____)_____
Daytime Telephone
Are you currently enrolled at W&M? Yes ☐ No ☐

_____
Name while enrolled / PLEASE LIST ALL PRIOR NAMES

_____
Student ID Number (SSN if enrolled prior to summer 2003.)

_____
Date of Birth

_____
Email Address
If not currently enrolled, provide date(s) of attendance at W&M:
from_____ to _____

PLEASE INDICATE WHEN TO PROCESS/SEND:

☐ **HOLD processing until _____degree is posted.**
(BA, BS, MA, PhD, etc.)

☐ **HOLD processing until current semester grades are posted.**

☐**PROCESS/SEND NOW** *****Typical processing time is 3-5 business days from date of receipt.*****

STUDENT APPROVAL: ***In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize release of your transcript(s). I certify below that I am providing my legal signature.***

_____/_____/_____
STUDENT'S SIGNATURE (Electronic Signatures Not Accepted) **DATE**

PLEASE INDICATE DELIVERY METHOD: I understand that my official transcript will be delivered via the method selected below.

☐ Will pick up at the Office of the University Registrar by student.
Picture ID required for pick up.

☐ Will pick up at the Office of the University Registrar by someone other than student.

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".

Permit _____ to pick up on my behalf. *(Picture ID required)*. Signature required at time of pickup_____

☐ Mail to the recipient below:
Print complete name and address clearly.
Delays may occur due to incomplete or illegible addresses.
One copy will be mailed unless otherwise indicated.
Attach a separate signed sheet if more than two recipients are requested.
_____ **Select for Rush Processing (1-2 business days). Additional $25 fee required.**
_____ **Select for Rush Processing AND UPS Express Delivery. Additional fee required:**
- **US - $60**
- **Canada or Mexico - $85**
- **International - $95**

(For UPS delivery, must provide physical address—not PO Box address)

FOR OFFICE USE ONLY:
Number of Copies requested:_____
Payment amount received: $_____

☐ Attachment(s) No. of Copies:_____

_____
Company or Institution

_____
Recipient's Name

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Address

_____

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City State Zip

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Company or Institution

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Recipient's Name

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Address

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City State Zip