



School of Education

The College of William and Mary in Virginia

Transcript Request Form

This form is provided for your convenience. You may use this form or one provided by the institution you previously attended. This form may be duplicated as needed.

Applicant's Name _____

Applicant's Former Name _____

Student ID # _____ Dates of Enrollment _____

Degree/Graduation Date _____

I authorize the release of my transcript of academic record to The College of William and Mary, Graduate School of Education.

Please send my transcript to my address in a sealed envelope.

Applicant Mailing address: _____

Please send my transcript directly to the college address listed below.

Signature _____ Date _____

To the School:

The above-named individual is applying to The College of William and Mary, Graduate School of Education and requests that a transcript of academic record be released to our admission office. We request that you provide an official transcript from your institution. If the student has indicated that s/he would like the transcript sent directly to us, please use the following address:

The College of William and Mary
School of Education
Office of Academic Programs
P.O. Box 8795
Williamsburg, VA 23187-8795