



Request for Official Academic Transcript Office of the Registrar

Student ID #: _____

Print name

Phone #

Address: _____

Check if new address

City: _____ State: _____

Zip Code: _____

Email Address: _____

Former Name(s): _____

Dates of Attendance: From _____ to _____

Date of Graduation: _____ # of transcripts requested _____

PRINT below the person and address for each transcript requested

1. _____ 3. _____

2. _____ 4. _____

Official transcripts are provided in a signed, sealed envelope. Breaking the seal on the envelope renders the document unofficial.

I authorize William James College to release to those designated above a transcript of my academic record while at William James College.

Student Signature

registrar@williamjames.edu

Date

fax: 617-477-2030