

Dean Certification Request Form

I hereby waive my privacy rights, including, but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and grant my consent to authorize the William & Mary Dean of Students Office and the Registrar's Office to release my student academic, judicial, and/or honor information. I understand this request may take up to 10 business days to process. I have supplied an envelope with postage for each form that needs to be mailed. Requests cannot be made over the phone, nor can they be processed without a physical student signature. Electronic signatures will not be accepted.

Full Name (Please print)	Date	
itudent ID#	Graduation	n Date
Phone numbers (Home and Cell)	 Email	
Please legibly write information for each box and indicate ho	ow you would	l like it delivered.
Name of School/Institution/Agency, Address, Fax, and Email		Check the method for delivery
	0	Pick up at the Dean of Students Office
	0	Sent to student
	0	Sent directly to institution
	0	Pick up at the Dean of Students Office
	0	Sent to student
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	0	Sent to student
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