



# WILLIAM & MARY

CHARTERED 1693

## Student Accountability & Restorative Practices

### 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 Student Accountability & Restorative Practices 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. **Requests cannot be made over the phone, nor can they be processed without a student signature. Postage will be paid by student if physical mail required.**

\_\_\_\_\_  
Full Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
Phone numbers (Home and Cell)

\_\_\_\_\_  
Email

**Please legibly write information for each box and indicate how you would like it delivered.**

**Name of School/Institution/Agency, Address, Fax, and Email**

**Check the method for delivery**

	<input type="radio"/> Pick up at the S.A.R.P. Office <input type="radio"/> Sent to student <input type="radio"/> Sent directly to institution
	<input type="radio"/> Pick up at the S.A.R.P. Office <input type="radio"/> Sent to student <input type="radio"/> Sent directly to institution
	<input type="radio"/> Pick up at the S.A.R.P. Office <input type="radio"/> Sent to student <input type="radio"/> Sent directly to institution
	<input type="radio"/> Pick up at the S.A.R.P. Office <input type="radio"/> Sent to student <input type="radio"/> Sent directly to institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date