



Williamsburg Classical Academy Transcript Release Form

Please complete this form to request that school records be forwarded to an outside entity. For security purposes, a representative from Williamsburg Classical Academy may contact you to verify your identity.

Important Notification: Any other organizations, agencies, and persons from outside the school will have to secure written authorization for the release of such transcripts. A photocopy of this authorization shall be considered as effective and as valid as the original. **First copy is free, additional copies are \$5 each.**

Email completed request to: info@williamsburgclassicalacademy.org –

Mail to: Williamsburg Classical Academy, PO Box 1267, Williamsburg, VA 23185

Student: _____ Maiden Name: _____

Address: _____ Date of Birth: ____/____/____

Name of Homeschool While Attending _____

Years/Semesters of Attendance: _____ Year of Graduation: _____

Student Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Email: _____ **Date Required:** _____

In your email, include a list of all classes taken at WCA with an attendance date range.

I hereby authorize the release of a copy of the school transcript to the following agency named below:

Parent/Homeschool/Entity Name: _____

Street Address: _____ Email _____

City: _____ State: _____ ZIP: _____ Country _____

Purpose: _____ Post Secondary College/School _____ Prospective Employer
_____ Armed Forces
_____ Other (state purpose) _____

PLEASE NOTE THAT STUDENTS ARE RESPONSIBLE FOR REPORTING SAT/ACT SCORES TO COLLEGES

Printed Name _____

Authorized Adult Signature: _____ Date: _____

For Office Use Only:

Date Received: _____

Request Received By: _____

Date Mailed: _____

Mailed By: _____