



**Office of Academic Records and Registration**

**Transcript Release & Endorsement Request Form**

This form authorizes Wheelock College to release an official transcript to the Massachusetts Department of Elementary and Secondary Education (MA DESE).

**Official Authorization:** (All requested information must be provided for endorsement.)

**I give permission to Wheelock College to release my official transcript to the MA DESE.**

Name \_\_\_\_\_ Wheelock ID \_\_\_\_\_  
Please print legibly

Personal Email Address \_\_\_\_\_ MEPID ID \_\_\_\_\_  
Not your Wheelock email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit completed form to:

Academic Records and Registration  
ACW 1<sup>st</sup> floor

Fax: 617-879-2276

Scanned/photo: registrar@wheelock.edu