ROLLINS COLLEGE
HAMILTON HOLT SCHOOL

TO THE APPLICANT:

1. Complete the information requested below.
2. Contact previous college(s) for the fee to process your transcript.
3. Send this form with the processing fee to your previous school(s).

Name

_____

Last *First* *Middle* *Maiden*

Current
Address

_____

Street *City* *State* *Zip*

College

_____

Name when enrolled (if different)

_____

Dates of enrollment _____ Degree and year _____

Birthdate _____ Social Security/Student Number _____

I hereby authorize the release of a transcript of my academic record to Rollins College.

_____

Signature *Date*

_____ Send transcript now _____ Send transcript after my degree is posted.

TO THE COLLEGE/UNIVERSITY:
The above-named person is applying to Rollins College. In support of this application, the individual requests that a transcript of his/her academic record be sent to:

MAC/MAT Coordinator
Rollins College Hamilton Holt School
203 E. Lyman Avenue
Winter Park, FL 32789