



ROLLINS COLLEGE  
MASTER OF LIBERAL STUDIES

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## Transcript Request Form

**TO THE APPLICANT:**

1. Complete the information requested below. (*This form may be copied as needed.*)
2. Contact all previous colleges or universities for the fee to process your transcript.
3. Send this form with the processing fee to your previous institution(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.

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**To the College or 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:

Rollins College  
Master of Liberal Studies  
203 East Lyman Avenue  
Winter Park, FL 32789