



# Transcript Request Form

Rollins College Hamilton Holt School • 203 East Lyman Avenue • Winter Park, FL 32789 • T.407.646.2232 • F.407.646.1551 • www.rollins.edu/holt

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## TO THE APPLICANT:

1. Complete the information requested below. This form can be copied as needed.
2. Contact all previous college(s) 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 code

High School/College:

Name when enrolled (if different):

\_\_\_\_\_

\_\_\_\_\_

Dates of enrollment:

Degree and year of graduation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security # / Student #: \_\_\_\_\_  
Date of Birth

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/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  
Hamilton Holt School  
203 East Lyman Avenue  
Winter Park, FL 32789