ROLLINS COLLEGE

HOLT SCHOOL STUDENT RECORDS
203 EAST LYMAN AVE., WINTER PARK, FL 32789
Phone: (407) 646-2232; Fax (407) 646-1551

REQUEST FOR OFFICIAL TRANSCRIPT

Are you taking classes this semester at the Hamilton Holt School? ❑ Yes ❑ No

Have you graduated from the Hamilton Holt School (either undergraduate or graduate level)? ❑ Yes ❑ No

If you did not graduate, when was the last term you attended? _____ (example: Spring 2001)

PLEASE ALLOW 5 BUSINESS DAYS TO PROCESS. All fields are required. Requests that cannot be easily read will not be processed.

Please Print (Last, First, Middle)

Name: _____ RID or SSN: _____

Current Mailing Address: _____

City/St/Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

Transcript destination is required, even if you are requesting a copy for yourself.

❑ Please mail the transcript directly to institution.
❑ I will pick up transcript at the Holt Office.

❑ Please process now.
❑ Please process when my degree has been posted.
❑ Please process at the end of the current term.

❑ Paralegal Studies* Dates of Attendance: _____
*Requires extra processing time

❑ Undergraduate
❑ Graduate: Specify program:
❑ Counseling ❑ Human Resources
❑ Education ❑ Liberal Studies

Provide complete addresses. The Hamilton Holt School will not provide complimentary replacement transcripts to institutions due to incorrect address information. Please be sure to print clearly.

PLEASE SEND _____ COPIES OF MY TRANSCRIPT TO:

Institution/Company: _____

Address: _____

_____

_____

❑ Standard ❑ Rush ❑ Priority ❑ Express

PLEASE SEND _____ COPIES OF MY TRANSCRIPT TO:

Institution/Company: _____

Address: _____

_____

_____

❑ Standard ❑ Rush ❑ Priority ❑ Express

Types of Service and Fees:

- **Standard** - $5.00 per transcript, mailed within 5 work days
- **Rush** - $10.00 per transcript, mailed within 2 work days
- **Priority** - $16.00 per transcript, mailed within 1 day
- **Express** - $26.00 per transcript, mailed same day (Usually delivered within 24 hours although some locations may take up to 48 hours.)

PAYMENT METHOD
Please check appropriate box:

❑ Check (payable to Rollins College) ❑ Cash
❑ MasterCard ❑ VISA (If you fax this request, please complete credit card authorization form. Requests will not be process until payment is approved.)

Card Number: _____ Expy Date: _____ V-Code _____

Signature: _____ Date: _____

ALL FEES MUST BE PAID IN ADVANCE. NO EXCEPTIONS.

Please note:
- Requests will not be processed for students who have an outstanding balance.
- Transcripts not picked up within thirty (30) days of the original request date will be destroyed.

Signature: _____ Date _____
Signature is required for all requests.