

College Official's Report

1000 Holt Avenue 2772
Winter Park, FL 32789

To the Student: Please fill in your name and address below and then give this form to the Dean of Student or another appropriate employee of the institution (s) which you are or were enrolled, whether or not you earned academic credit.

To the Dean of Students The student named below, who has attended your college has applied for admission to Rollins College. In order for this student to matriculate to Rollins, we ask that you answer the question below and provide detailed information as applicable. We are grateful for your cooperation. Please email the form as an attachment to csr@rollins.edu if you have any questions, please feel free to contact us at (407) 691-1790.

To be completed by the student:

Name: _____

Address: _____

Name of previous college or university: _____

I hereby agree that information concerning my academic and non-academic record may be released to Rollins College.

Applicant's signature: _____

Please complete the above section and sign one of the statements below.

Under the Family Education Rights and Privacy Act of 1974, which gives students the right to inspect and review their education records, students waive their right to see specific confidential statements and letters of recommendation. In the event that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you the opportunity to sign one of the following statements.

I waive my right to examine this document. _____

I do not waive my right to examine this document. _____

To be completed by the dean: