

## **Central Michigan University** and

## **Northwestern Michigan College Reverse Transfer Transcript Release Form**

## Return completed form to the Registrar's Office

Email: records@cmich.edu or Mail: Registrar's Office

Central Michigan University

212 Warriner Hall

Mount Pleasant, MI 48859

Phone: (989) 774-3261 choose option #2

PERSONAL INFORMATION	N		
CMU ID#	Northwestern Michigan College ID #		_
Name			
Last	First	Middle	
Previous Last Name (if applicable	e)		
Birthdate (MM/DD/YYYY)	Current e-mail address _		
Current mailing address:			
Number and Street	City	State	Zip Code
Daytime phone number (	_)		
Date last attended Northwester	n Michigan College		
MAILING INFORMATION			
Place forward a transcript to:			

Please forward a transcript to:

Northwestern Michigan College Registrar's Office 1701 E. Front Street Traverse City, MI 49686

## AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Central Michigan University to send my transcript to Northwestern College for review under the Reverse Transfer Agreement. I also authorize Northwestern Michigan College to:

- 1. evaluate to determine if I am eligible for an associate's degree
- 2. release the results of their graduation review to Central Michigan University of outstanding requirements
- 3. send a transcript to Central Michigan University if a degree is awarded

Student Signature	Date	
Federal law requir	res the student signature for release of transcripts. All holds must be cleared befor	e submitting

a transcript request.