



Central Michigan University
and
St. Clair County Community 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

CMU ID # _____ MMCC ID # _____

Name _____
Last First Middle

Previous Last Name (if applicable) _____

Birthdate (MM/DD/YYYY) _____ Current e-mail address _____

Current mailing address:

Number and Street City State Zip Code

Daytime phone number (____) _____

Date last attended St. Clair County Community College _____

MAILING INFORMATION

Please forward a transcript to:
St. Clair County Community College
Coordinator of Advising and Articulation
323 Erie St. P.O. Box 5015
Port Huron, MI 48061-5015

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Central Michigan University to send my transcript to St. Clair County Community College for review under the Reverse Transfer Agreement. I also authorize St. Clair County Community 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 requires the student signature for release of transcripts. All holds must be cleared before submitting a transcript request.