



Central Michigan University
and
Delta College
Reverse Transfer Transcript Release Form

Please complete and sign this form and either bring, mail or fax to:

Registrar's Office
Central Michigan University
212 Warriner Hall
Mount Pleasant, MI 48859
Phone: (989) 774-3261 Fax: (989) 774-3783

PERSONAL INFORMATION

CMU ID # _____ Delta College 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 Delta College _____

MAILING INFORMATION

Please forward a transcript to:

Delta College
Registrar's Office
1961 Delta Rd.
University Center, MI 48710

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

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