



Central Michigan University
and
Mid Michigan Community College
Reverse Transfer Transcript Release Form

Please complete and sign this form then 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 # 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 Mid Michigan Community College

MAILING INFORMATION

Please forward a transcript to:
Mid Michigan Community College
Transcript Coordinator
1375 S. Clare Avenue
Harrison, MI 48625-9447

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

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