



Central Michigan University
and
Mid 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

CMU ID # _____ MMCC ID # _____

Name
Last First Middle

Previous Last Name (if applicable) _____

Birthdate (MM/DD/YYYY) _____

Current mailing address: _____

Number and Street City State Zip Code

Daytime phone number () - _____

Date last attended Mid Michigan College _____

MAILING INFORMATION

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

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

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

Student Signature _____ Date 6/16/2020

Federal law requires the student signature for release of transcripts. All holds must be cleared before submitting a transcript request.