



Central Michigan University
and
Mott Community 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 # \_\_\_\_\_ Mott Community 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 Mott Community College \_\_\_\_\_

MAILING INFORMATION

Please forward a transcript to:

Chris Engle, Registrar
Mott Community College
1401 E. Court St.
Flint, MI 48503

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

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