



ENROLLMENT SERVICES/REGISTRATION & RECORDS
REVERSE TRANSFER AGREEMENT
Transcript Request Form

UM-Dearborn Student ID Number Community College Student ID Number Birth date (mm/dd/yy)
Last Name First Middle Former (If Applicable) @umich.edu
Current Street Address Uniqname
City State Zip Telephone

CHECK ONE (If applicable):

- HOLD FOR CURRENT GRADES HOLD FOR TRANSCRIPT CORRECTION

UM-Dearborn School or College Last Completed Term @ UM-Dearborn Last Completed Term @ Community College

Requests completed using this form will be sent automatically to the attention of the Reverse Transfer contact at your community college. Please select one community college:

- HENRY FORD COLLEGE MACOMB COMMUNITY COLLEGE KALAMAZOO VALLEY COMMUNITY COLLEGE SCHOOLCRAFT COLLEGE

FERPA Statement:

The federal Family Educational Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order for the University of Michigan-Dearborn to release your educational records to facilitate the reverse transfer credit agreement.

I authorize the release of my academic records maintained by the University of Michigan-Dearborn to the community college; and the release of my academic records maintained by said community college to the University of Michigan-Dearborn without prior notice and for the purpose of credit evaluation to determine the awarding of an associate degree or other credential of value. This authorization will remain in effect for one-year from the date of the authorization below unless revoked in writing. I understand that I have the right to rescind this authorization at any time by notifying the Office of the Registrar at the University of Michigan-Dearborn in writing of my decision. I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.

My signature below is agreement that:

- I understand the FERPA statement and the authorization, and agree to my student records being shared between UM-Dearborn and the community college for the purpose of credit evaluation to determine the awarding of an associate degree.
If applicable, an appropriate associate degree will be awarded based on my records, requirements of the degree, and credits toward degree. The awarded associate degree may not be the degree I was pursuing while a student at the community college.
If it is appropriate to award an associate degree, my signature below gives permission to the community college to award the degree and notify me of the results without further intervention on my part.

Signature Today's Date

Please complete, sign and then mail, fax, email or deliver in person to the following address.

1169 University Center • 4901 Evergreen Road
Dearborn, MI 48128-1491
(313) 583-6500
(313) 593-5697 FAX
rr-transcript@umd.umich.edu

OFFICE USE ONLY - REVERSE TRANSFER AGREEMENT:

DATE SUBMITTED COPY TO COMMUNITY COLLEGE
TIME SUBMITTED CHECKED FOR HOLDS R&R STAFF INITIALS