Michigan Technological University and Delta College **Reverse Transfer (Associate Degree Completion) Transcript Release Form**

Please complete, sign, and mail, fax, hand carry, or scan and email to:

Registrar's Office 1400 Townsend Drive Michigan Technological University Houghton, MI 49931

Fax: 906 487-3343 Email: registrar@mtu.edu

PERSONAL INFORMATION

MTU ID #:	Delta Student ID #:		
Full Legal Name:	First	Midd	lle
Previous Name (if applicable):			
Birthdate (MM/DD/YYYY):	MTU Email:		
Current mailing address:			
Number and Street	City	State	Zip Code
Cell Phone:	_ Home/Other Phone:		
Last Enrolled at Delta (semester/year): _			
Transcript to be sent to: Delta College Registrar's Office, ATTN: Revers 1961 Delta Road University Center, MI 48710	se Transfer		

AUTHORIZATION TO RELEASE RECORDS

FERPA COMPLIANCE - I authorize Michigan Technological University to send my transcript and any additional academic records to Delta College for review under the Reverse Transfer Agreement. I also authorize Delta College to:

- 1. evaluate my records to determine if I am eligible for an Associate's Degree
- 2. release the results of their graduation review to Michigan Technological University
- 3. share my academic records with Michigan Technological University under the Reverse Transfer Agreement

Student Signature _____ Date _____

Federal law requires the student's signature for release of transcripts and academic records. All holds must be cleared before transcripts will be issued.