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: _____
Last First Middle

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: Reverse Transfer
1961 Delta Road
University Center, MI 48710

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.