Michigan Technological University and Kalamazoo Valley Community 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			
	KVCC Student ID #:		
Full Legal Name:	First	Middle	
	FIIST		
Birthdate (MM/DD/YYYY):	MTU Email:		
Current mailing address:			
Number and Street	City	State	Zip Code
Cell Phone:	Home/Other Phone:		
Last Enrolled at KVCC (semester/year):			
Transcript to be sent to: Kalamazoo Valley Community (Records and Registration Office 6767 West O Avenue Kalamazoo, MI 49003	=		
AUTHORIZATION TO RELEASE RE	CORDS		
records to Kalamazoo Valley Community Kalamazoo Valley Community College to 1. evaluate my records to determ 2. release the results of their grad	gan Technological University to send my transcri y College for review under the Reverse Transfer o: ine if I am eligible for an Associate's Degree duation review to Michigan Technological Univer th Michigan Technological University under the F	Agreement. I also author	ize
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.