

**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

MTU ID #: _____ KVCC 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 KVCC (semester/year): _____

Transcript to be sent to:

Kalamazoo Valley Community College
Records and Registration Office, ATTN: Reverse Transfer
6767 West O Avenue
Kalamazoo, MI 49003

AUTHORIZATION TO RELEASE RECORDS

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