



REVERSE TRANSFER - Transcript Request Form

Mailing Address: Office of the Registrar
 ATTN: Colleen McIlwain
 5057 Woodward, Fifth Floor
 Detroit, MI 48202

In-Person Address: Student Services Center
 42 West Warren, First Floor
 Detroit, MI 48202

Phone: (313) 577-2100, Option 2 ~ Fax: (313) 577-0945

Official transcripts will not be released until all financial obligations to the university have been satisfied.

STUDENT INFORMATION

All blocks in student section must be completed – PLEASE PRINT LEGIBLY

Student ID or Last Four of SSN	Last Name	First Name	Middle
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Complete Mailing Address – Street, City, State, Zip

Previous Names	What years did you attend?	Did you attend any of the following? <input type="checkbox"/> Law School <input type="checkbox"/> Medical School <input type="checkbox"/> Junior Year in Munich <input type="checkbox"/> Merrill Palmer
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E-mail Address	Birthdate MM/DD/YY	Daytime Phone
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TRANSCRIPT HANDLING INSTRUCTIONS

Please mail my transcript to: _____
 (Name of community college)

Requests completed using this form will be sent automatically to the attention of the Reverse Transfer contact.

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 Wayne State University to release your educational records to facilitate the reverse transfer credit agreement.

Authorization:

I authorize the release of my academic records maintained by Wayne State University to the community college; and the release of my academic records maintained by said community college to Wayne State University without prior notice and for the purpose of credit evaluation to determine the awarding of an associate degree or other credential of value. I understand that I have the right to rescind this authorization at any time by notifying the Office of the Registrar a Wayne State University 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 Wayne State University 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.

Student Signature X _____

Date _____

Most transcript requests are processed within one (1) business day of receipt. Your signature on this form authorizes the release of your transcript as well as our ability to communicate with you about this request via e-mail or phone. Forms without signatures will not be processed. Students are responsible for providing accurate address information for recipients.

*When possible, official transcripts will be transmitted electronically. Recipients will receive an email with instructions for retrieval.

For Office Use Only: Holds Present: Y N Hold Type(s) _____ Mgr Initials _____ | Staff Initials _____ Date _____