

Central Michigan University and Lake Michigan College Reverse Transfer Transcript Release Form

Return completed form to the Registrar's Office

Email: records@cmich.edu or Mail: Registrar's Office

Central Michigan University

212 Warriner Hall

Mount Pleasant, MI 48859

Phone: (989) 774-3261 choose option #2

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PERSONAL INFORMATION			at tout access a
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Name			
Last	First	Middle	
Previous Last Name (if applicable)			
Birthdate (MM/DD/YYYY)	Current e-mail address		
Current mailing address:			
Number and Street	City	State	Zip Code
Daytime phone number ()			
Date last attended Lake Michigan College _			
MAILING INFORMATION			
Please forward a transcript to: Lake Michigan College Records Office-Reverse Transfer 2755 E. Napier Ave. Benton Harbor, MI 49022			

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Central Michigan University to send my transcript to Lake Michigan College for review under the Reverse Transfer Agreement. I also authorize Lake Michigan College to:

- 1. evaluate to determine if I am eligible for an associate's degree
- 2. release the results of their graduation review to Central Michigan University of outstanding requirements

Student Signature _____ Date _____

Federal law requires the student signature for release of transcripts. All holds must be cleared before submitting a transcript request.