

REVERSE TRANSFER AGREEMENT

Transcript Release Form

Northern Illinois University
Registration and Records
Williston Hall 220 • DeKalb, IL 60115
Tel. 815.753.0681 • FAX 815.753.1908

Email: RegRec@niu.edu

Please download this form, complete, sign, save & email to RegRec@niu.edu from your NIU email address. NIU Student ID # Community College ID # Birth Date (mm/dd) Middle I Former (If Applicable) Last Name First Name **Current Address** City State Telephone Zip Alt. Email Address @ Community College **NIU Student Email Address** _____ (the Community College) and I intend to complete an at wish to authorize the release of my student records at Northern Illinois University for reverse transfer purposes. **FERPA Statement:** By authorizing the release of my records, I understand that the community college identified above will determine if I have completed their required coursework to earn the associate degree. Under the Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from NIU to the Community College noted above, and the release of any additional academic records from the same Community College to NIU, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement of my academic records at any time by notifying the Registrar at Northern Illinois University. I understand the FERPA statement and agree to my student records being shared between NIU and the selected Community College for the purposes of credit evaluation to determine the awarding of an associate degree from the

A copy of this form and the requested official transcript from NIU will be sent to the Community College indicated above.

met the associate degree requirements of that Community College.

STUDENT SIGNATURE (Required - Your Typed Name May Serve as Signature)

Community College. This form also confirms my intention to graduate from the same Community College if/when I've

D ATE