



## Northern Michigan University and Northwestern Michigan College Reverse Transfer Transcript Release Form

Please complete and return to:

Registrar's Office  
C.B. Hedgcock, Room 2202  
Northern Michigan University  
Marquette, MI 49855  
Fax: 906 227-2231

### PERSONAL INFORMATION

NMU ID # \_\_\_\_\_ Northwestern Michigan College ID # \_\_\_\_\_

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 Northwestern Michigan College \_\_\_\_\_

### MAILING INFORMATION

Please forward a transcript to:

Northwestern Michigan College  
Registrar's Office, Attn: Reverse Transfer  
1701 E Front St  
Traverse City, MI 49686-3061

### AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Northern Michigan University to send my transcript to Northwestern Michigan College for review under the Reverse Transfer Agreement. I also authorize Northwestern 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 Northern Michigan University of outstanding requirements
3. send a transcript to Northern Michigan University if a degree is awarded

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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