

REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE



Millikin University
 Office of the Registrar
 1184 W. Main St.
 Decatur, IL 62522
 217-424-6217
 217-420-6789 FAX
registrar@millikin.edu



Please complete, sign and then mail, fax, email or deliver in person to the above address:

Millikin Student ID#	DuPage Student ID#	Birthdate(mm/dd/yyyy)
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Last Name	First	Middle	Former/Maiden(if Applicable)
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Current Address	MU Student Email Address
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City	State	Zip	Telephone
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Last Completed Term @ MU	Last completed Term @COD	COD Student Email Address
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FERPA Statement:

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 permission. I authorize the release of my academic records from MU to COD, and the release of any additional academic records from COD to MU, 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 Millikin University.

I understand the FERPA Statement and agree to my student records being shared between MU and COD for the purpose of credit evaluation to determine the awarding of an Associate Degree from COD. This form also confirms my intention to graduate from COD if/when I've met the Associate Degree requirements.

Student Signature: _____ Date: _____

A COPY OF THIS FORM WILL BE TRANSMITTED WITH OFFICIAL TRANSCRIPTS

