

REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE



MILLIKIN UNIVERSITY

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# CLC Student ID# Birthdate(mm/dd/yyyy)

Last Name First Middle Former/Maiden(if Applicable)

Current Address MU Student Email Address

City State Zip Telephone

Last Completed Term @ MU Last completed Term @CLC CLC Student Email Address

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 authorized the release of my academic records from MU to CLC, and the release of any additional academic records from CLC 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 CLC for the purpose of credit evaluation to determine the awarding of and Associate Degree from CLC. This form also confirms my intention to graduate from CLC if/when I've met the Associate Degree requirements.

Student Signature: Date:

A COPY OF THIS FORM WILL BE TRANSMITTED WITH OFFICIAL TRANSCRIPTS

