

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

Student Signature: _____ Date: _____

A COPY OF THIS FORM WILL BE TRANSMITTED WITH OFFICIAL TRANSCRIPTS

Reverse Transfer Transcript Request/Release (RTTR/R)

