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

Student Signature:_____ Date:_____

A COPY OF THIS FORM WILL BE TRANSMITTED WITH OFFICIAL TRANSCRIPTS