

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](mailto:registrar@millikin.edu)



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

Millikin Student ID# \_\_\_\_\_ Parkland 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 @PKL \_\_\_\_\_ Personal 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 PKL, and the release of any additional academic records from PKL 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 PKL for the purpose of credit evaluation to determine the awarding of and Associate Degree from PKL. This form also confirms my intention to graduate from PKL if/when I've met the Associate Degree requirements.**

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

***A COPY OF THIS FORM WILL BE TRANSMITTED WITH OFFICIAL TRANSCRIPTS***

