REVERSE TRANSFER AGREEMENT
SAGINAW VALLEY STATE UNIVERSITY
OFFICE OF THE REGISTRAR
Wickes Hall 151 • 7400 Bay Road • University Center, MI • 48710 •
PHONE: (989) 964-4085 FAX: (989) 964-2555

Please complete and sign this form and deliver it in person, via mail, or via fax.

STUDENT INFORMATION

_____ _____
SVSU ID# Community College ID #

_____ _____ _____ _____
Last Name First Name Middle Int. Date of Birth (mm/dd/yy)

(_____)_____ (_____)_____ _____
Daytime Phone Number Cell Phone Number Email Address

_____ _____ _____
City State ZIP Code

_____
Last Date Attending Community College Prior to SVSU (mm/dd/yy)

AUTHORIZATION TO RELEASE STUDENT ACADEMIC RECORDS

I hereby authorize:

- Saginaw Valley State University to send my academic transcript to _____ Community College under the Reverse Transfer Agreement for evaluation to determine my eligibility for the Associate Degree.

- The release of the results of the above listed Community College's review of my transcript to the Registrar of Saginaw Valley State University, including any outstanding Associate degree requirements.

- The above-listed Community College to send my transcript to Saginaw Valley State University after I have earned the Associate Degree.

The Family Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records such as transcripts. Therefore, your written authorization is required for Saginaw Valley State University to release your educational records to facilitate the reverse transfer process. Your signature on this form constitutes your authorization for Saginaw Valley State University to release your academic records to the above-listed Community College for this purpose.

This authorization will remain in effect for one year, unless you revoke the agreement through written notification to the SVSU Registrar. Such notice will not apply to any records released before the Registrar's receipt of the written revocation.

I understand that, to be eligible for the Reverse Transfer Associate's Degree, I must have established residency at the community college from which I transferred to SVSU. I also understand that having attended more than one community college before transferring to SVSU will disqualify me from participating in this agreement.

_____ _____
Student Signature Date

SVSU REGISTRAR'S OFFICE USE ONLY Date form submitted to SVSU: _____ Copy Provided to Student: ☐

Time form submitted to SVSU: _____ Checked for Holds, Flags, Restrictions: ☐ Staff Initials: _____

Revised: October 2016