

Michigan State University (MSU) and Mott Community College (Mott)
Reverse Transfer Agreement Transcript Release Form

Please complete, sign, and return this release form to:

Michigan State University
Office of the Registrar
Hannah Administration Building
426 Auditorium Rd., Room 150
East Lansing, MI 48824-2603
FAX: 517-353-1935

MSU PID (Student ID) #: _____

Mott Student ID#: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country of Citizenship: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Last Enrolled at Mott (semester/year): _____

Acknowledgement:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from MSU to Mott, and the release of any additional academic records from Mott to MSU for the purposes of credit evaluation to determine the awarding of an associate's degree from Mott. I understand that I have the right to rescind this release agreement related to releasing my academic records at any time by notifying the Office of the Registrar at Michigan State University in writing.

SIGNATURE: _____ DATE: _____