



Registrar's Office
C.B. Hedgcock, Room 2202
1401 Presque Isle Avenue
Marquette, Michigan 49855
(906) 227-2278
(906) 227-2231 Fax
Email: tscript@nmu.edu

Northern Michigan University and Delta College Reverse Transfer Transcript Release Form

Please complete and sign this form and return to:

Registrar's Office
C.B. Hedgcock, Room 2202
Northern Michigan University
Marquette, MI 49855
Fax: 906 227-2231

PERSONAL INFORMATION

NMU ID # _____ Delta College ID # _____

Name _____
Last First Middle

Previous Last Name (if applicable) _____

Birthdate (MM/DD/YYYY) _____ Current e-mail address _____

Current mailing address:

Number and Street _____ City _____ State _____ Zip Code _____

Daytime phone number (_____) _____

Date last attended Delta College _____

MAILING INFORMATION

Please forward a transcript to:

Delta College
Registrar's Office, Attn: Reverse Transfer
1960 Delta Road
University Center, MI 48710-1001

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Northern Michigan University to send my transcript to Delta College for review under the Reverse Transfer Agreement. I also authorize Delta College to:

1. evaluate to determine if I am eligible for an associate's degree
2. release the results of their graduation review to Northern Michigan University of outstanding requirements
3. send a transcript to Northern Michigan University if a degree is awarded

Student Signature _____ Date _____

Federal law requires the student signature for release of transcripts. All holds must be cleared before submitting a transcript request.