

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 Macomb Community 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**

 Mount Pleasant, MI 48859

 Phone: (989) 774-3261 Fax: (989) 774-3783

NMU ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Macomb Community 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 Macomb Community College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING INFORMATION

Please forward a transcript to:

 Macomb Community College

 Registrar’s Office, Attn: Reverse Transfer
 14500 E 12 Mile Rd

 Warren, MI 48088

 2274 Enterprise Drive
Mount Pleasant, Michigan 48858

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

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