



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

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

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.