



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](mailto:tscript@nmu.edu)

## Northern Michigan University and Kalamazoo Valley 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 # \_\_\_\_\_ Kalamazoo Valley 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 Kalamazoo Valley Community College \_\_\_\_\_

### MAILING INFORMATION

Please forward a transcript to:

Registrar's Office, Attn: Reverse Transfer  
Kalamazoo Valley Community College  
P O Box 4070  
Kalamazoo, MI 49003-4070

### AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize NMU to send my transcript to Kalamazoo Valley Community College for review under the Reverse Transfer Agreement. I also authorize Kalamazoo Valley Community Michigan 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.*