

REVERSE TRANSFER AGREEMENT Transcript Request Form

EASTERN MICHIGAN UNIVERSITY OFFICE OF RECORDS AND REGISTRATION

303 Pierce Hall, Ypsilanti, MI 48197 734. 487.4111 FAX: 734.487.6808



R&R STAFF INITIALS

Print or download this form and then mail, fax, deliver in person, or email from your EMU email account to registrar@emich.edu

EMU Student ID Number	JC Student ID Number		Birth date (mm/dd/yy)	
Last Name	First	Middle	Former (If Applicable)	
Current Street Address			email address	
City	State	Zip	Telephone	
Last Term @ EMU	Last Term @ JC			
CHECK ONE:				
☐ SEND TRANSCRIPT AS IS	☐ HOLD UNTIL END OF NEXT GRADING PERIOD			
released without my written permission release of any additional academic record	I authorize the release of my acad ds from JC to EMU, in order to sha right to rescind this release agreement	lemic records from Eastern Michig re student data information betwee	and that my educational records cannot be gan University to Jackson College, and the n the two institutions without the violation fice of Records and Registration at Eastern	
 credit evaluation to determ ✓ If applicable, an appropriat toward degree. If I have co the awarded Associate Deg ✓ If it is appropriate to award 	atement and agree to my studer ine the awarding of an Associa te Associate Degree will be award impleted the requirements of an gree may not be the degree I de	te Degree from JC. arded based on my records, req ny degree program at JC I will be clared that I was pursuing while	n EMU and JC for the purpose of quirements of the degree, and credits be awarded the degree. In some cases e a student at JC. o JC to award the degree and notify	
Signature		Today	's Date	
OFFICE USE ONLY - REVERSE	E TRANSFER AGREEMEN	<u>Γ:</u>		
DATE SUBMITTED	COPY TO JACKSON CO	LLEGE		

CHECKED FOR HOLDS

TIME SUBMITTED