



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



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 _____ Delta 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 @ Delta _____

CHECK ONE:

- SEND TRANSCRIPT AS IS HOLD UNTIL END OF NEXT GRADING PERIOD

Requests completed using this form will be sent automatically to:

Delta College, Registrar's Office, ATTN: Reverse Transfer, 1961 Delta Road, University Center MI 48710. Transcript fees will be waived. Transcripts will not be issued for anyone with a financial hold at Eastern Michigan University.

FERPA Statement:

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from Eastern Michigan University to Delta, and the release of any additional academic records from Delta to Eastern Michigan University, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement at any time by notifying the Office of Records and Registration at Eastern Michigan University and the Office of the Registrar at Delta College.

My signature below is agreement that:

- ✓ I understand the FERPA statement and agree to my student records being shared between EMU and Delta for the purpose of credit evaluation to determine the awarding of an Associate Degree from Delta College.
- ✓ If applicable, an appropriate Associate Degree will be awarded based on my records, requirements of the degree, and credits earned. If I have completed the requirements of any degree program at Delta, I will be awarded the degree. In some cases the awarded Associate Degree may not be the degree I declared that I was pursuing while a student at Delta.
- ✓ If it is appropriate to award an Associate Degree, my signature below gives permission to Delta to award the degree and notify me of the results without further intervention on my part.

Signature _____

Date _____

OFFICE USE ONLY - REVERSE TRANSFER AGREEMENT:

DATE SUBMITTED

COPY TO Delta

TIME SUBMITTED

CHECKED FOR HOLDS

R&R STAFF INITIALS