

Grand Valley State University

And

Jackson College

Reverse Transfer Agreement

TRANSCRIPT RELEASE FORM

Please complete, sign and bring, mail or fax this release form to:

Grand Valley State University, Office of Records and Registration, 150 Student Services Building, 1 Campus Drive, Allendale, MI 49401 or FAX (616) 331-2000

GVSU Student ID #: _____

Jackson College Student ID#: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country of Citizenship: _____

Cell Phone# _____ Home phone# _____

Email Address: _____

Last Enrolled at Jackson College (sem/yr): _____

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 GVSU to Jackson College, and the release of any additional academic records from Jackson College to GVSU, 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 of my academic records at any time by notifying the Registrar at Grand Valley State University.

I understand the FERPA statement and agree to my student records being shared between GVSU and Jackson College for the purposes of credit evaluation to determine the awarding of an Associate's Degree from Jackson College.

STUDENT SIGNATURE: _____ DATE: _____