

Grand Valley State University

And

**Lake Michigan 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 #: _____

LMC Student ID#: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country of Citizenship: _____

Cell Phone# _____ Home phone# _____

Email Address: _____

Last Enrolled at LMC (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 LMC, and the release of any additional academic records from LMC 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 LMC for the purposes of credit evaluation to determine the awarding of an Associate's Degree from LMC.

STUDENT SIGNATURE: _____ DATE: _____