

**Grand Valley State University**

**And**

**Southwestern Michigan College**

**Reverse Transfer Agreement**

**TRANSCRIPT RELEASE FORM**

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*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 #: \_\_\_\_\_

SMC Student ID#: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Home phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_