

# Lake Superior State University & Alpena Community College

## REVERSE TRANSFER - TRANSCRIPT RELEASE FORM

---

Please complete, sign and mail, fax, hand carry, or scan and email to:

Lake Superior State University  
Registrar's Office  
650 W Easterday Avenue  
Sault Ste. Marie, MI 49783  
FAX (906)-635-6202 Email: registrar@lssu.edu

LSSU Student ID: \_\_\_\_\_ ACC Student ID: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
(PLEASE PRINT)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ Last Enrolled at ACC (semester/year): \_\_\_\_\_

Please mail transcript to: **Lori Dzieszinski, Registrar**  
**Alpena Community College**  
**665 Johnson Street**  
**Alpena MI 49707**

### **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 LSSU to ACC, and the release of any additional academic records from LSSU to ACC, 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 Lake Superior State University.

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

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

---