

Lake Superior State University & Bay de Noc 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: _____ Bay Student ID: _____

Full Legal Name: _____

(PLEASE PRINT)

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country of Citizenship: _____

Cell Phone: _____ Home phone: _____

Email: _____ Last Enrolled at Bay (semester/year): _____

**Please mail transcript to: Bay de Noc Community College
Admissions office
2001 North Lincoln Road
Escanaba, MI 49829**

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 Bay and the release of any additional academic records from LSSU to Bay, 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 Bay for the purposes of credit evaluation to determine the awarding of an Associate's Degree from Bay.

I understand that I must also apply for graduation at Bay de Noc Community College and that the Application for Graduation can be found at: <http://www.baycollege.edu/>.

STUDENT SIGNATURE: _____ **DATE:** _____

Office Use Only: Copy of Reverse Transfer Transcript Form mailed with transcript: _____ SOAPCOL: _____