

Lake Superior State University & Delta 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: _____ Delta Student ID: _____

Full Legal Name: _____

(PLEASE PRINT)

Mailing Address: _____

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

Cell Phone: _____ Home phone: _____

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

Please mail transcript to: **Registrar's Office**
Delta College
1961 Delta Road
University Center, MI 48710

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 Delta College, and the release of any additional academic records from LSSU to Delta College, 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 in writing.

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

STUDENT SIGNATURE: _____ **DATE:** _____

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