

**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: _____ KCC Student ID: _____

Full Legal Name: _____

(PLEASE PRINT)

Mailing Address: _____

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

Cell Phone: _____ Home phone: _____

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

**Please mail transcript to: Kirtland Community College
Attn: Renae Klee, Associate Registrar
10775 N St. Helen Road
Roscommon, MI 48653**

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

STUDENT SIGNATURE: _____ DATE: _____