



**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: \_\_\_\_\_ KVCC Student ID: \_\_\_\_\_

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

(PLEASE PRINT)

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

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

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

Email: \_\_\_\_\_ Last Enrolled at KVCC (sem/year): \_\_\_\_\_

**Please mail transcript to: Kalamazoo Valley Community College  
Attn: Sarah Hubbell, Registrar  
PO Box 4070  
6767 West O Avenue  
Kalamazoo, MI 49003**

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

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