

**REVERSE TRANSFER  
TRANSCRIPT RELEASE FORM**

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**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: \_\_\_\_\_ NCMC Student ID: \_\_\_\_\_

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

(PLEASE PRINT)

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

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

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

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

**Please mail transcript to: Joseph Balinski  
Director of Enrollment Services/Registrar  
North Central Michigan College  
1515 Howard Street  
Petoskey, MI 49770**

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

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

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