



Northwestern Michigan College

REVERSE TRANSFER
TRANSCRIPT RELEASE FORM

Please complete, sign and mail, fax, hand carry, or scan and email to:

Registrar's Office
Lake Superior State University
Fletcher Center for Student Services
650 W Easterday Avenue
Sault Ste. Marie, MI 49783
Fax: (906) 635-6202 Email: registrar@lssu.edu

PERSONAL INFORMATION

LSSU ID # _____ NMC ID # _____

Name _____
(Please Print) Last First Middle

Previous Last Name (if applicable) _____

Birthdate (MM/DD/YYYY) _____ Current email _____

Current mailing address:

Number and Street City State Zip Code

Daytime phone number (____) _____ Date last attended Northwestern Michigan College _____

MAILING INFORMATION

Please mail transcript to: Northwestern Michigan College
Reverse Transfer/Admissions Office
1701 E. Front Street
Traverse City, MI 49686

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

I authorize Lake Superior State University to send my transcript to Northwestern Michigan College for review under the Reverse Transfer Agreement. I also authorize Northwestern Michigan College to:

- 1. evaluate to determine if I am eligible for an associate's degree
2. release the results of their graduation review to Lake Superior State University of outstanding requirements
3. send a transcript to Lake Superior State University

Student Signature _____ Date _____

Federal law requires the student signature for release of transcripts. All holds must be cleared before submitting a transcript request.

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