

Michigan State University (MSU) and Delta College (Delta)
Reverse Transfer Agreement Transcript Release Form

Please complete, sign, and return this release form to:

Michigan State University
Office of the Registrar
Hannah Administration Building
426 Auditorium Rd., Room 150
East Lansing, MI 48824-2603
FAX: 517-353-1935

MSU PID (Student ID) #: _____

Delta Student ID#: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country of Citizenship: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Last Enrolled at Delta (semester/year): _____

Acknowledgement:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from MSU to Delta, and the release of any additional academic records from Delta to MSU for the purposes of credit evaluation to determine the awarding of an associate's degree from Delta. I understand that I have the right to rescind this release agreement related to releasing my academic records at any time by notifying the Office of the Registrar at Michigan State University in writing.

SIGNATURE: _____ DATE: _____