

Michigan State University (MSU) and Macomb Community College  
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) #: \_\_\_\_\_

Macomb Community College Student ID#: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Last Enrolled at Macomb Community College (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 Macomb Community College, and the release of any additional academic records from Macomb Community College to MSU for the purposes of credit evaluation to determine the awarding of an associate's degree from Macomb Community College. 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: \_\_\_\_\_