

**Michigan State University  
and  
Northwestern Michigan College  
Reverse Transfer Transcript Release Form**

Please complete and sign this form, then either bring, mail or fax to:

Office of the Registrar  
Michigan State University  
426 Auditorium Road, Room 150  
East Lansing, MI 48824-2603  
Phone: (517) 355-3300  
Fax: (517) 353-1935  
Email: reg@msu.edu

**PERSONAL INFORMATION:**

MSU PID # \_\_\_\_\_ NMC ID # \_\_\_\_\_

Name \_\_\_\_\_  
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 forward a transcript to:

Northwestern Michigan College  
Reverse Transfer/Admissions Office  
1701 E. Front Street  
Traverse City, MI 49686

**AUTHORIZATION TO RELEASE ACADEMIC RECORDS:**

I authorize Michigan 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 Michigan State University of outstanding requirements
3. send a transcript to Michigan 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.**