



Central Michigan University
and
West Shore Community College
Reverse Transfer Transcript Release Form

Return completed form to the Registrar's Office

Email: records@cmich.edu or Mail: Registrar's Office
Central Michigan University
212 Warriner Hall
Mount Pleasant, MI 48859

Phone: (989) 774-3261 choose option #2

PERSONAL INFORMATION

CMU ID # \_\_\_\_\_ West Shore Community College ID # \_\_\_\_\_

Name \_\_\_\_\_
Last First Middle

Previous Last Name (if applicable) \_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_\_\_ Current e-mail address \_\_\_\_\_

Current mailing address:

Number and Street City State Zip Code

Daytime phone number (\_\_\_\_) \_\_\_\_\_

Date last attended West Shore Community College \_\_\_\_\_

MAILING INFORMATION

Please forward a transcript to:
West Shore Community College
Registrar's Office
3000 N. Stiles Road
P.O. Box 277
Scottville, MI 49431

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Central Michigan University to send my transcript to West Shore Community College for review under the Reverse Transfer Agreement. I also authorize West Shore Community College to:

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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