



Office of the Registrar

## REVERSE TRANSFER OF CREDITS

I have met the necessary criteria and agree to participate in the Reverse Transfer Agreement.

Please submit my official transcript after final grades are completed for:

Semester \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_

McMurry Student ID \_\_\_\_\_

Current Local Address \_\_\_\_\_

\_\_\_\_\_

Mobile Phone \_\_\_\_\_

**Name and Address of College or University to which transcript should be submitted:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION RECORDS INFORMATION RELEASE

In compliance with the Family Educational Rights and Privacy Act (FERPA) McMurry University cannot, except in certain limited situations, release grades or other personally identifiable information to any person other than the student without a written release from the student.

I understand the FERPA statement above and give permission for McMurry University to release the official transcript to officials of the institution indicated for the purpose of determining completion of the Associate's Degree.

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_