## **Grand Valley State University**

## And

## Kirtland Community College Reverse Transfer Agreement TRANSCRIPT RELEASE FORM

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

Grand Valley State University, Office of Records and Registration, 150 Student Services Building, 1 Campus Drive, Allendale, MI 49401 or FAX (616) 331-2000

Drive, Allendale, MI 49401 or FAX (616) 331	-2000	
GVSU Student ID #:		
KCC Student ID#:	_	
Full Legal Name:		
Mailing Address:		
City:	State:	Zip:
Country of Citizenship:		
Cell Phone#	Home phone#	
Email Address:		
Last Enrolled at KCC (sem/yr):		
FERPA Statement:		
educational records cannot be released without records from GVSU to KCC, and the release of student data information between the two in	out my written permis fany additional acade stitutions without the	emic records from KCC to GVSU, in order to share
		rds being shared between GVSU and KCC for the
purposes of credit evaluation to determine t	ne awarding of an As	ssociate's Degree from KCC.
STUDENT SIGNATURE:		DATE: