



**REVERSE TRANSFER AGREEMENT**  
**UNIVERSITY OF MICHIGAN-FLINT and**  
**KALAMAZOO VALLEY COMMUNITY COLLEGE**  
**OFFICE OF THE REGISTRAR**  
**266 University Pavilion**  
**Flint, MI 48502**  
**(810) 762-3344**



*Please complete, sign and then mail, fax, email or deliver in person to the above address.*

UM-Flint Student ID Number		Community College Student Number		Birth date (mm/dd/yy)
Last Name	First	Middle	Former (If Applicable) @umflint.edu	
Current Street Address			Uniqname	
City	State	Zip	Telephone	

**Requests completed using this form will be sent automatically to Kalamazoo Valley Community College**

**FERPA Statement:**  
The Family Rights and Privacy Act (FERPA) of 1974, protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order for the University of Michigan-Flint to release your educational records to facilitate the reverse transfer credit agreement with Kalamazoo Valley Community College.  
I authorize the release of my academic records to Kalamazoo Valley Community College and the release of academic records maintained by Kalamazoo Valley Community College to UM-Flint without prior notice and for the purpose of credit evaluation to determine the awarding of an associate's degree or other credential of value from Kalamazoo Valley Community College. This authorization will remain in effect for one-year from the date of the authorization below unless revoked in writing. I understand that I have the right to rescind this at any time by notifying the Office of the Registrar at the University of Michigan-Flint in writing of my decision. I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.

My signature below is agreement that:

- ✓ I understand the FERPA statement and agree to my student records being shared between UM-Flint and Kalamazoo Valley Community College for the purpose of credit evaluation to determine the awarding of an Associate Degree from Kalamazoo Valley Community College.
- ✓ If applicable, an appropriate Associate Degree will be awarded based on my records, requirements of the degree, and credits toward degree. The awarded Associate Degree may not be the degree I was pursuing while a student at Kalamazoo Valley Community College.
- ✓ If it is appropriate to award an Associate Degree, my signature below gives permission to Kalamazoo Valley Community College to award the degree and notify me of the results without further intervention on my part.

Student Signature _____	Today's Date _____
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<b>OFFICE USE ONLY – REVERSE TRANSFER AGREEMENT:</b>			Revised: May 22, 2014
DATE SUBMITTED _____	TIME SUBMITTED _____	CHECKED FOR HOLDS _____	
STAFF INITIALS _____			