

REVERSE TRANSFER OF CREDIT - TRANSCRIPT RELEASE FORM

Mailing or In-Person Address: Office of the Registrar

Lucas Administration Center 301

Nunn Drive

Highland Heights, KY 41099

Phone: 859.572.5556 or FAX: 859.572.6094

Official transcripts will not be released until all financial obligations to the college have been satisfied.

	JDENT INFORMATION ion must be completed – PLE		IBLY
Student ID or Last Four of SSN	Last Name	First Name	Middle
Complete Ma	iling Address – Street, City, S	State, Zip	1
Previous Names	Daytime Phone Number	What was the last year you attended KCTCS?	
E-mail Address	Birthdate MM/DD/YY	Home KCTCS College	

MAILING INFORMATION

By signing this request your transcript will be released to the Kentucky Community and Technical College System (KCTCS) institution from which you transferred. Requests completed using this form will be sent automatically to the attention of the Registrar at your previous KCTCS home institution.

<u>AUTHORIZATION TO RELEASE ACADEMIC RECORDS</u>

FERPA COMPLIANCE - I authorize the release of my academic records maintained by Northern Kentucky University to your home college in the Kentucky Community and Technical College System for review under the Reverse Transfer of Credit Agreement. I also authorize my previous KCTCS college to:

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

STUDENT SIGNATURE	<u>DATE</u>

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