



Reverse Transfer Participation and Transcript Release Form

Northeastern Illinois University
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reversetransfer@neiu.edu
 (773) 442-4018
 (773) 442-4020 FAX

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

NEIU ID#	Community College ID#	Birth Date (MM/DD/YYYY)
Last Name	First Name	Middle Initial
Street Address		
City	State	Zip Code
NEIU Email Address	Community College Email Address	Your Phone Number

I intend to complete the following program of study at _____: (check one only)

Community College

- | | |
|--|--|
| <input type="checkbox"/> Associate in Arts (A.A.) | <input type="checkbox"/> Associate in Science (A.S.) |
| <input type="checkbox"/> Associate in General Studies (A.G.S.) | <input type="checkbox"/> Associate in Fine Arts (A.F.A.) |
| <input type="checkbox"/> Associate in Applied Science (A.A.S.) | <input type="checkbox"/> Associate in Engineering Science (A.E.S.) |
| <input type="checkbox"/> Other _____ | |

FERPA Statement:

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my education records cannot be released without my written permission. I authorize the ongoing release of my transcript and other education record information between NEIU and the above listed community college to determine the awarding of an Associate’s Degree from the community college under the reverse transfer state legislation. I understand that this agreement will end once I either complete my program and am no longer eligible for reserve transfer, or by notifying, in writing, the University Registrar at Northeastern Illinois University. My signature indicates that I have read and agree with the above statement. I also confirm my intention to graduate from the above community college when I have satisfied the Associate Degree requirements.

STUDENT SIGNATURE (Required)

DATE

A copy of this form will be mailed to the community college along with the requested official transcript from NEIU.