REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE



Millikin University
Office of the Registrar
1184 W. Main St.
Decatur, IL 62522
217-424-6217
registrar@millikin.edu



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

Millikin Student ID#	CLC Student ID#		Birthdate(mm/dd/yyyy)
Last Name	First	Middle	Former/Maiden(if Applicable
Current Address			MU Student Email Address
City	State	Zip	Telephone
Last Completed Term @ MU	Last completed Term @CLC		CLC Student Email Address
FERPA Statement:			
educational records cannot be r from MU to CLC, and the release data information between the t	released witho e of any additions wo institutions	ut my permission. I auth onal academic records for s without the violation o	updated January 2009, I understand that my orized the release of my academic records rom CLC to MU, in order to share student f FERPA. I understand that I have the right to notifying the Registrar at Millikin University.
	determine the	e awarding of and Assoc	being shared between MU and CLC for the ciate Decree from CLC. This form also sociate Degree requirements.
Student Signature:	HIS FORM WII	LL BE TRANSMITTED WIT	Date: TH OFFICIAL TRANSCRIPTS

Reverse Transfer Transcript Request/Release (RTTR/R)