

Reverse Transfer Credit Program Release Form

Please return the completed, signed form to SIUE Office of the Registrar

SIUE Student ID Number

LCCC Student ID Number

Birthday (mm/dd)

Last Name

First Name

Middle Name

Former Name (If Applicable)

Current Address

City

State

Zip Code

Primary Phone Number

Cell Phone Number

SIUE Email Address

Alternative Email Address

Last term Completed at SIUE

I intend to complete the following program of study at LCCC (Check only one):

Associate in Arts (A.A.)

Associate in Science (A.S.)

FERPA Statement:

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from SIUE to LCCC, and the release of any additional academic records from LCCC to SIUE, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement of my academic records at any time by submitting written notification to the Registrar's Office at Southern Illinois University Edwardsville.

I understand the FERPA statement and agree to my student records being shared between SIUE and LCCC for the purpose of credit evaluation to determine the awarding of an Associate's Degree from LCCC. This form also confirms my intention to graduate from LCCC if/when I've met the Associate Degree requirements.

Student Signature (Required)

Date

A copy of this form will be mailed to LCCC together with the requested official transcript from SIUE