

Registrar’s Office  
C.B. Hedgcock, Room 2202  
1401 Presque Isle Avenue  
Marquette, Michigan 49855  
(906) 227-2278  
(906) 227-2231 Fax  
Email: [tscript@nmu.edu](mailto:tscript@nmu.edu)

Northern Michigan University and Delta College

Reverse Transfer Transcript Release Form

Please complete and sign this form and return to:

Registrar’s Office

C.B. Hedgcock, Room 2202

Northern Michigan University

Marquette, MI 49855

Fax: 906 227-2231

**PERSONAL INFORMATION**

Mount Pleasant, MI 48859

Phone: (989) 774-3261 Fax: (989) 774-3783

NMU ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delta College ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Previous Last Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current mailing address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street City State Zip Code

Daytime phone number (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last attended Delta College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING INFORMATION

Please forward a transcript to:

Delta College

Registrar’s Office, Attn: Reverse Transfer

1960 Delta Road

University Center, MI 48710-1001

2274 Enterprise Drive   
Mount Pleasant, Michigan 48858

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

FERPA COMPLIANCE - I authorize Northern Michigan University to send my transcript to Delta College for review under the Reverse Transfer Agreement. I also authorize Delta College to:

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

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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