REVERSE TRANSFER AGREEMENT

Transcript Release Form

Northern Illinois University
Registration and Records
Williston Hall 220
DeKalb, IL 60115
815-753-0681
815-753-0149 FAX
regrec@niu.edu

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

NIU Student Z#	Rock Valley College Student ID	Birthdate (mm/dd)	
Last Name	First Name	Middle Name	Former (If Applicable)
Current Address			
City	State	Zip	Telephone
Last Completed Term @ NIU	NIU Student Email Address	Alternate Email Address @ Rock Valley College	

RVC Degree Pursuing: ☐ Associate in Science ☐ Associate in Arts

Diploma Name (Print your name exactly as you wish it printed on your RVC Diploma)			
Diploma Address (needs to be an address still valid at the end of the semester if necessary)			
City	State	Zip	Telephone

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 NIU to Rock Valley College, and the release of any additional academic records from Rock Valley College to NIU, 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 notifying the Registrar at Northern Illinois University.

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

STUDENT SIGNATURE (Required) DATE

A copy of this form will be mailed to Rock Valley College together with the requested official transcript from NIU.