

# REVERSE TRANSFER Transcript Request & Fax Cover Sheet

STUDENT: PLEASE FILL OUT THE TOP 3 SECTIONS OF THIS FORM COMPLETELY

## STUDENT INFORMATION (PRINT CLEARLY)

\_\_\_\_\_

Last Name                      First Name                      Middle Name                      Student ID # at 4-Year Institution

Other/prior names \_\_\_\_\_ Years Attended \_\_\_\_\_ Date of Birth \_\_\_\_\_

## FAX OFFICIAL TRANSCRIPT TO

\_\_\_\_\_

Name of Community College

\_( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number    Attention to

I authorize \_\_\_\_\_ to release my transcripts to the fax number  
Name of 4-Year Institution  
listed above for the purpose of a Reverse Transfer evaluation at the Community College listed above .

\_\_\_\_\_

Student signature (REQUIRED)    Date

+++++

## FAX COVER SHEET:

4-YEAR INSTITUTION: PLEASE FILL OUT THE THIS SECTION COMPLETELY

## 4-YEAR INSITUTION INFORMATION

\_\_\_\_\_

Name of Person Sending Fax    Date / /

\_( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number    Phone Number

THIS TRANSMISSION CONSISTS OF THIS COVER PAGE AND \_\_\_\_\_ ADDITIONAL PAGES  
If you do not receive all pages, call the phone number above as soon as possible.

**Confidentiality notice:** This facsimile transmission may contain confidential information that falls within FERPA guidelines, and is intended for the addressee only. If you are not the addressee, please do not review, disclose, copy or distribute it. If you receive this transmission by mistake, please telephone the number above immediately.