



REVERSE TRANSFER AGREEMENT

Transcript Release Form

Governors State University
1 University Parkway
University Park, IL 60484
Email: RegOffice@govst.edu

In compliance with [\(110 ILCS 150/\) Student Transfer Achievement Reform Act](#), this form is for reverse transfer - a program designed for students who transferred from any Illinois community college to GSU without earning their associate's degree. **Please download this form, complete, sign, save & email to RegOffice@govst.edu from your GSU email address.**

GSU Student ID #	Community College ID #	Birth Date (mm/dd)	
Last Name	First Name	Middle I	Former (If Applicable)
Current Address			
City	State	Zip	Telephone
GSU Student Email Address	Alt. Email Address @ Community College		

I intend to complete an _____ at _____ (the Community College) and wish to authorize the release of my student records at Governors State University for reverse transfer purposes.

FERPA Statement:

By authorizing the release of my records, I understand that the community college identified above will determine if I have completed their required coursework to earn the associate degree. 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 Governors State University (GSU) to the Community College noted above, and the release of any additional academic records from the same Community College to GSU, 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 Governors State University.

I understand the FERPA statement and agree to my student records being shared between GSU and the selected Community College noted above for the purpose of credit evaluation to determine the awarding of an associate degree from the same Community College. This form also confirms my intention to graduate from the same Community College if/when I've met the associate degree requirements of that Community College.

I have completed at least 15 semester hours at the Illinois community college named above and have earned a total of 60 semester hours of college credit. I understand that this request form is good for one academic year.

/S/

STUDENT SIGNATURE (Required - Your Typed Name May Serve as Signature)

Date (mm/dd/yyyy)

A copy of this form and the requested official transcript from GSU will be sent to the Community College indicated above.