

**REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE**

**Academic Year 2023 - 2024**

Eastern Illinois University  
Office of the Registrar  
600 Lincoln Avenue  
Charleston, IL 61920  
217-581-3511  
217-581-3412 FAX  
[records@eiu.edu](mailto:records@eiu.edu)

In support of the Student Transfer Achievement Reform Act (STAR) 110 ILCS 150/23. This form is for transfer students from a public community college in Illinois only.

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

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EIU Student E#		Birth Date (mm/dd/yy)	
<hr/>			
Last Name	First	Middle	Former/Maiden (if Applicable)
<hr/>			
Current Street Address		EIU Student Email Address	
<hr/>			
City	State	Zip	Telephone

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Name & address of the Illinois community college where transcript is to be sent.

**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 permission. I authorize the release of my academic records from EIU to the community college named above, and the release of any additional academic records from said community college to EIU, 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 Eastern Illinois University.

**I understand the FERPA statement and agree to my student records being shared between EIU and the community college named above for the purpose of credit evaluation to determine the awarding of an Associate Degree from said community college. This form also confirms my intention to graduate from said community college if/when I've met the requirements as determined by the 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.**

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

***A COPY OF THIS FROM WILL BE TRANSMITTED WITH THE OFFICIAL TRANSCRIPTS***