## REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE

## **Academic Year 2025 - 2026**

Eastern Illinois University
Office of the Registrar
600 Lincoln Avenue
Charleston, IL 61920
217-581-3511
217-581-3412 FAX
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:

EIU Student E#			Birth Date (mm/dd/yy)		
Last Name	First	Middle		Former/Maiden (if Applicable)	
Current Street Address			EIU Student Email Address		
City		State	Zip	Telephone	
FERPA Statement: Under the Family Educational records of EIU to the community college to EIU, in order	icational Rights and Pricannot be released with y college named above er to share student dather the right to rescind t	hout my permission. I a e, and the release of any ca information between	'4, updated Jar uthorize the re additional aca the two institu	nuary 2009, I understand that my elease of my academic records from demic records from said community ations without the violation of FERPA records at any time by notifying the	
college named above said community colle	for the purpose of cr	edit evaluation to deternfirms my intention to a	rmine the awa	d between EIU and the community rding of an Associate Degree from said community college if/when I'v	
•				nmed above and have earned a tota od for one academic year.	
STUDENT SIGNATURE:				DATE:	

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