REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE

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

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

EIU Student E#	WRH Student ID#	Birth Date (mm/dd/yy)

Last Name	First	Middle	Former/Maiden (if Applicable)

Current Street Address	EIU Student Email Address

City	State	Zip	Telephone

Last Completed Term @ EIU	Last Completed Term @ WRH	WRH Student Email Address

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 WRH, and the release of any additional academic records from WRH 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 WRH for the purpose of credit evaluation to determine the awarding of an Associate Degree from WRH. This form also confirms my intention to graduate from WRH if/when I've met the AA, AS, ASA or AAT –Secondary Mathematics degree requirements.

STUDENT SIGNATURE: _____ ___ DATE: _____

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