



Reverse Transfer Participation Form

The completion of this form indicates my decision to participate in the Reverse Transfer Program between Kutztown University and _____ (PA _____ Community College). My signature on this form grants permission to have my academic transcript exchanged between the two institutions for purposes of participating in the Reverse Transfer program.

KU ID #: _____

PA Community College ID# (if known): _____

Current Full Legal Name: _____ DOB: _____

Previous Name (if applicable): _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Kutztown Email Address: _____

Term most recently enrolled at the PA Community College (if known): _____

Acknowledgment:

In accordance with the Family Educational Rights and Privacy Act (FERPA), my signature below authorizes the release of my academic records between Kutztown University to _____ (PA Community College) for purposes of credit evaluation to determine fulfillment of degree requirements under the Reverse Transfer program. It also serves to acknowledge my understanding of the FERPA statement listed above, and agree to the sharing of my records between Kutztown University and _____ (PA Community College) for purposes of determining my eligibility to be awarded a degree from _____ (PA Community College).

I may opt out of the program at any time by notifying, in writing, the Registrar's Office at Kutztown University.

Signature: _____ Date: _____
(Participating Student)

*Please note: there is no fee charged for transcripts sent solely for participation in the Reverse Transfer Program.

Received by: _____ Date: _____
(Signature of Authorized KU Personnel)