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section 3 ignature

Saint Louis University Reverse Transfer Transcript and Record Release



Student Name		Student ID
Former Institution Name	State	Institution Website
Student ID at former Institution		

I understand and acknowledge that:

- * In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records cannot be released without my written permission.
- * I authorize the release of my academic records from Saint Louis University to the above listed institution, and the release of any additional academic records from the listed institution to Saint Louis University for the purposes of credit evaluation to determine the awarding of an associate's degree from the listed institution.
- * I understand that I have the right to rescind this release agreement related to releasing my academic records at any time by notifying the Office of the University Registrar at Saint Louis University in writing.

Student Signature

Date

Form Procedures

- 1. Student completes sections 1 and 2.
- 2. Student acknowledges policies related to transcript and student records release in section 3.
- 3. Student submits form to the Office of the University Registrar.
- 4. The Office of the University Registrar coordinates with listed institution on Reverse Transfer options.