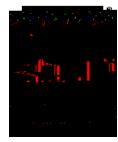
REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE





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

FERPA Statement:

I understand the FERPA Statement and <u>agree to my student records being shared</u> between MU and HCC for the purpose of credit evaluation to determine the awarding of and Associate Degree from HCC. This form also confirms