



Reverse Transfer (Transcript Release) Request

Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name  First Name  UIN

Students who transfer to UIS and meet the following requirements may request a reverse transfer of credit from UIS to the community college previously attended for potential awarding of an associate's degree from the community college:

- Earned at least 15 hours of transferable academic credit at an Illinois community college
- Completed a cumulative total of at least 60 credit hours of transferable credit at UIS and previously attended postsecondary institutions

Information will be sent from the Office of Records and Registration to currently enrolled students on an annual basis who are potentially eligible to participate. Interested students have the opportunity to opt-in by completing this authorization form releasing a transcript to the selected, previously attended, community college. UIS will then send a copy of the student's transcript to the specified community college for review. The community college will contact the student regarding the potential awarding of an associate's degree.

Please sign and date below if you authorize the release of your academic transcript to the community college indicated for the purpose of potentially having a degree awarded by the community college. In addition, your signature authorizes record sharing between UIS and the community college for the purposes of credit evaluation.

Upon receipt of the form, UIS will verify that you are eligible and, if so, will send a copy of this form to the requested community college, along with the requested official UIS transcript. UIS does not currently assess a transcript fee to students who have their transcript sent to a community college as part of the reverse transfer of credit.

Community College

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Original (for Temporary Retention/Reference):  
Registrar

Copy:  
Community College Noted Above

For Office Use Only	
Processed By:	_____
Date:	_____