REVERSE TRANSFER AGREEMENT

Transcript Release Form

Northern Illinois University
Registration and Records
Williston Hall 220
DeKalb, IL 60115
815.753.0681
815.753.0149 FAX
regrec@niu.edu

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

<table>
<thead>
<tr>
<th>NIU Student ID #</th>
<th>Sauk Valley CC Student ID #</th>
<th>Birth Date (mm/dd/yy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Former (If Applicable)</th>
</tr>
</thead>
</table>

Current Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>

I intend to complete the following program of study at Sauk Valley Community College: (check one only)

- [ ] Associate in Arts (A.A.)
- [ ] Associate in Science (A.S.)
- [ ] Associate in Engineering Science (A.E.S.)
- [ ] Associate in Fine Arts - Art/Music
- [ ] Associate in Applied Science (A.A.S.)

<table>
<thead>
<tr>
<th>Last Completed Term @ NIU</th>
<th>NIU Student Email Address</th>
<th>Alternate Email Address @ Sauk Valley CC</th>
</tr>
</thead>
</table>

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 written permission. I authorize the release of my academic records from NIU to Sauk Valley CC, and the release of any additional academic records from Sauk Valley CC to NIU, 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 Northern Illinois University.

I understand the FERPA statement and agree to my student records being shared between NIU and Sauk Valley CC for the purposes of credit evaluation to determine the awarding of an associate degree from Sauk Valley CC. This form also confirms my intention to graduate from Sauk Valley CC if/when I’ve met the associate degree requirements.

STUDENT SIGNATURE (Required) DATE

A copy of this form will be mailed to Sauk Valley CC together with the requested official transcript from NIU.