

Transcript Request Form
Credit When It's Due/Reverse Transfer
With Owens Community College

Authorization for University of Toledo to Release Information to Owens Community College

Student Name (Please Print)

Rocket ID Number

University Email Address

I affirm that I am the above-named student. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby give my written consent and authorize **The University of Toledo** to release my academic transcript to **Owens Community College** for review under the Credit When It's Due/Reverse Transfer initiative.

Please note, if you have a transcript hold on your account, your request cannot be processed and you will be required to submit a new request once you have cleared your hold.

Student Signature

Date

Authorization for Owens Community College to Release Information to the University of Toledo

Student Name (Please Print)

Date of Birth

Address

Phone Number

I affirm that I am the above-named student. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), and in the event an associate degree is awarded through the Credit When It's Due/Reverse Transfer initiative, I hereby give my written consent and authorize **Owens Community College** to release my academic transcript to **The University of Toledo**.

Please note, if you have a transcript hold on your account, your request cannot be processed and you will be required to submit a new request once you have cleared your hold.

Student Signature

Date