

## Reverse Transfer Authorization Form

### Instructions

1. Print and complete the form.
2. E-mail the form **AND** a copy of a valid photo ID (Ex. Driver's License, JSU Student ID, Military ID) from your JSU email to [registrar@jsu.edu](mailto:registrar@jsu.edu) **OR** bring the form to the Registrar's Office, 113 Bibb Graves. (The form cannot be faxed or presented by a Third Party.)

### Student Information

- Print Full Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)
- Previous Names: \_\_\_\_\_
- Current Address: \_\_\_\_\_  
(Street Address or PO Box) (City) (State) (Postal Code)
- Student ID: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- E-Mail: \_\_\_\_\_@stu.jsu.edu

### Authorization to Release Educational Record

I affirm that I am the above-named student. In compliance with the Family Educational Rights & Privacy Act of 1974 (FERPA), I hereby give my written consent and authorize Jacksonville State University to release my academic record to my previous community college(s) for purposes of credit evaluation to determine the awarding of an Associate's Degree. I understand that I have the right to rescind this release of my educational records at any time by submitting a signed notification to the JSU Registrar's Office.

\_\_\_\_\_  
(Student Handwritten Signature)

\_\_\_\_\_  
Date