

## Transcript Request Form

### Credit When It's Due/Reverse Transfer

Please return this completed form to [Transcripts@utoledo.edu](mailto:Transcripts@utoledo.edu)

---

Authorization for University of Toledo to Release Information to \_\_\_\_\_  
enter Community College name here

\_\_\_\_\_  
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 the above listed 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 \_\_\_\_\_ to Release Information to the University of Toledo.  
enter Community College name here

\_\_\_\_\_  
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 the above listed 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