



UNIVERSITY OF NORTH TEXAS™

Reverse Transfer Credit Agreement Release Form

Please complete this form for each community college needed, sign and mail or fax this release form to:

University of North Texas (UNT), Registrar's Office,
1155 Union Circle #311400, Denton, TX 76203-1277 or (940)565-3878

Date of Birth: _____ UNT Student ID #: _____

Degree Major: _____

Program Major Degree: (e.g., AA, AS, AAS...etc.) _____

Full, Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country of Citizenship: _____ Phone: _____

Email Address: _____

UNT Semester Transferred from community college: _____

Name of Community College: _____

Community College Enrollment: **Start Date** (sem/yr) _____ **Last Enrolled** (sem/yr) _____

FERPA Statement:

Under Federal legislation, namely the Family Educational Rights and Privacy Act (FERPA) of 1974, I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from the community college to UNT, and the release of my academic records from UNT to the community college, in order to share student data information between the two institutions without the violation of FERPA. I understand that I do have the right to rescind this release agreement of my academic records, once a UNT student.

I understand the FERPA statement and agree to my student records being shared between UNT and the above community college for the purposes of credit evaluation to determine the awarding of a degree, diploma or certificate.

STUDENT SIGNATURE: _____

DATE: _____