

REVERSE TRANSFER AGREEMENT



Office of Admissions and Records
Sauk Valley Community College
173 IL Route 2
Dixon, IL 61021
Phone: (815)288-5511
Fax: (815)456-4240

Please complete, sign and then mail, fax or deliver in person to the above address along with your WIU transcripts:

Sauk Student ID# WIU Student ID# Birth Date (mm/dd/yy)

Last Name First Name Middle Name Former/Maiden (if Applicable)

Current Street Address

City State Zip Telephone

Last Completed Term @ WIU Last Completed Term @ SVCC

SVCC Degree Pursuing: [] Associate in Science [] Associate in Arts

Diploma Name (Print your name exactly as you wish it printed on your SVCC Diploma)

Diploma Address (Needs to be an address still valid at the end of the semester if necessary)

City State Zip Telephone

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 permission. I authorize the release of my academic records from WIU to SVCC, and the release of any additional academic records from SVCC to WIU, 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 Western Illinois University.

I understand the FERPA statement and agree to my student records being shared between WIU and SVCC for the purpose of credit evaluation to determine the awarding of an Associate Degree from SVCC. This form also confirms my intention to graduate from SVCC if/when I've met the AA or AS Degree requirements.

STUDENT SIGNATURE: _____ DATE: _____

A COPY OF THIS FORM WILL BE TRANSMITTED WITH THE OFFICIAL TRANSCRIPTS