



REVERSE TRANSFER AGREEMENT



City Colleges of Chicago – District Office
180 N Wabash, Suite 200
Chicago, IL 60601

Attn: Laura Clark, District Director of Academic Systems and Student Records
Brittany Burton, District Director of Transfer Systems
Phone: (773)602-5553
Email: reversetransfer@ccc.edu

Please complete, sign and then mail or email to the above address along with your WIU transcripts:

CCC 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 @ CCC

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

Diploma Name (Print your name exactly as you wish it printed on your CCC 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 CCC, and the release of any additional academic records from CCC 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 CCC for the purpose of credit evaluation to determine the awarding of an Associate Degree from CCC. This form also confirms my intention to graduate from CCC 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