REVERSE TRANSFER AGREEMENT





Registrar's Office Spoon River College 23235 N. Co.22 Canton, IL 61520

Phone: (309)649-6273

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

Spoon River College Student ID	D# 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 Te	rm @ SRC	
SRC Degree Pursuing:	Associate in Science	Associate in A	arts
Diploma Name (Print your nam	e exactly as you wish it printed o	on your SRC Diploma)	
Diploma Address (Needs to be	an address still valid at the end o	of the semester if necessary)	
City	State	Zip	Telephone
educational records cannot WIU to SRC, and the release information between the tw this release agreement of m I understand the FERPA state purpose of credit evaluation	be released without my perm of any additional academic resonant the vious parameters of the vious parameters at any ting tement and agree to my students.	nission. I authorize the relectords from SRC to WIU, in plation of FERPA. I understance by notifying the Registrate being shared of an Associate Degree from the state of the	uary 2009, I understand that my ease of my academic records from n order to share student data tand that I have the right to rescind far at Western Illinois University. between WIU and SRC for the from SRC. This form also confirms my ints.
STUDENT SIGNATURE:			DATE:

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