

REVERSE TRANSFER AGREEMENT

TRANSCRIPT REQUEST FORM
WINTHROP UNIVERSITY
OFFICE OF RECORDS AND REGISTRATION
126 TILLMAN HALL
ROCK HILL, SC 29732
803-323-2194/803-323-4600 (FAX)
RECANDREG@WINTHROP.EDU

PLEASE COMPLETE, SIGN AND THEN MAIL, FAX OR DELIVER IN PERSON TO THE ABOVE ADDRESS.

STUDENT NAME AND CURRENT ADDRESS

SSN OR 8-DIGIT CAMPUS ID NUMBER

DATE OF BIRTH

PHONE NUMBER

E-MAIL ADDRESS

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PLEASE ENCLOSE A COPY OF THIS REQUEST FORM WITH THE TRANSCRIPT THAT IS TO BE SENT TO THE FOLLOWING ADDRESS:

**YORK TECHNICAL COLLEGE
ACADEMIC RECORDS OFFICE-REVERSE TRANSFER
ATTN: REGISTRAR
452 SOUTH ANDERSON ROAD
ROCK HILL, SC 29730**

FERPA STATEMENT:

THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) OF 1974 PROTECTS THE PRIVACY OF STUDENT EDUCATIONAL RECORDS, INCLUDING TRANSCRIPTS. BY PLACING CERTAIN RESTRICTIONS ON THE DISCLOSURE OF THAT INFORMATION. AS A RESULT, YOUR WRITTEN AUTHORIZATION IS REQUIRED IN ORDER FOR WINTHROP UNIVERSITY TO RELEASE YOUR EDUCATIONAL RECORDS TO FACILITATE THE REVERSE TRANSFER CREDIT AGREEMENT.

AUTHORIZATION

I AUTHORIZE THE RELEASE OF MY ACADEMIC RECORDS MAINTAINED BY WINTHROP UNIVERSITY TO YORK TECHNICAL COLLEGE; AND THE RELEASE OF MY ACADEMIC RECORDS MAINTAINED BY YORK TECHNICAL COLLEGE TO WINTHROP UNIVERSITY WITHOUT PRIOR NOTICE AND FOR THE PURPOSE OF CREDIT EVALUATION TO DETERMINE THE AWARDING OF THE UNIVERSITY STUDIES CERTIFICATE OR ASSOCIATES DEGREE. THIS AUTHORIZATION WILL REMAIN IN EFFECT FROM THE DATE OF THE AUTHORIZATION BELOW UNTIL I AM NO LONGER ENROLLED AT WINTHROP UNIVERSITY. I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS AUTHORIZATION AT ANY TIME BY NOTIFYING THE OFFICE OF RECORDS AND REGISTRATION AT WINTHROP UNIVERSITY IN WRITING OF MY DECISION. I UNDERSTAND THAT SUCH REVOCATION WILL NOT AFFECT ANY DISCLOSURES PREVIOUSLY MADE BEFORE RECEIPT OF ANY SUCH WRITTEN REVOCATION.

MY SIGNATURE BELOW IS AGREEMENT THAT:

I UNDERSTAND THE FERPA STATEMENT AND THE AUTHORIZATION, AND AGREE TO MY STUDENT RECORDS BEING SHARED BETWEEN WINTHROP UNIVERSITY AND YORK TECHNICAL COLLEGE FOR THE PURPOSE OF CREDIT EVALUATION TO DETERMINE THE AWARDING OF THE UNIVERSITY STUDIES CERTIFICATE OR AN ASSOCIATE DEGREE.

IF APPLICABLE, THE APPROPRIATE UNIVERSITY STUDIES CERTIFICATE OR ASSOCIATE DEGREE WILL BE AWARDED BASED ON MY RECORDS, REQUIREMENTS OF THE CERTIFICATE OR DEGREE, AND CREDITS TOWARD THE CERTIFICATE OR DEGREE.

IF IT IS APPROPRIATE TO AWARD THE UNIVERSITY STUDIES CERTIFICATE OR ASSOCIATE DEGREE, MY SIGNATURE BELOW GIVES PERMISSION TO YORK TECHNICAL COLLEGE TO AWARD THE UNIVERSITY STUDIES CERTIFICATE OR DEGREE AND NOTIFY ME OF THE RESULTS WITHOUT FURTHER INTERVENTION ON MY PART.

SIGNATURE **(REQUIRED-TRANSCRIPT WILL NOT BE RELEASED WITHOUT SIGNATURE)**

TODAY'S DATE

OFFICE USE ONLY-REVERSE TRANSFER AGREEMENT:

DATE SUBMITTED:_____

HOLDS:_____

R & R STAFF INITIALS:_____