

## Reverse Transfer Agreement Transcript Release Form

Please complete, sign, and return this release form to:

Pillar College  
Office of the Registrar  
60 Park Place  
Newark, NJ 07102  
Fax: 973-242-3282

### Please Print

Pillar College (Student ID) # \_\_\_\_\_

Community College \_\_\_\_\_

Community College ID# \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Previous Last Name (If applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last Enrolled at Community College (semester/year): \_\_\_\_\_

### Acknowledgement

*In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records cannot be released without my permission. I authorize the release of my academic records from Pillar College to \_\_\_\_\_ (Name of Community College); and the release of any additional academic records from \_\_\_\_\_ (Name of Community College) to Pillar College for the purposes of credit evaluation to determine the awarding of an associate's degree from \_\_\_\_\_ (Name of Community College). I understand that I have the right to rescind this release agreement related to releasing my academic records at any time by notifying the Office of the Registrar at Pillar College in writing.*

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

