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



Salt Lake Community College
Office of the Registrar and Academic Records
4600 S. Redwood Rd.
Student Center, Room 270
Salt Lake City, UT 84123
Fax: 801-957-4961

Email: reversetransfers@slcc.edu

University of Utah (U of U) and Salt Lake Community College (SLCC) Reverse Transfer Transcript Release Form

State:		Zip:
	Home Pho	one:
er/year):		
		Home Pho

Instructions for signing and emailing the form:

- · Fill out the entire form
- $\cdot\,$ Click on the SIGNATURE box
- · Click on the option "A new digital ID I want to create now"
- \cdot Select "New PKCS #12 Digital ID File". Click <Next>
- · Enter your identity information. Click < Next>
- · Create Password. Click <Finish>
- · Re-enter your Password. Click <Sign> button
- $\cdot\,$ The computer will ask you to SAVE the form to your computer
- · Email the signed form to reversetransfers@slcc.edu

Another option for signing and emailing the form:

- · Print the form
- · Fill out the form with a pen and sign the form by hand
- $\boldsymbol{\cdot}$ Take a clear photo of the form with a cellphone or digital camera
- · Email a clear photo of the form to reversetransfers@slcc.edu

Acknowledgement:

In accordance with the Family Educational Rights and Privacy Act (FERPA), I understand that my educational records cannot be released without my written permission. I authorize the release of my academic records from the U of U to SLCC and the release of any additional academic records from SLCC to U of U for the purposes of credit evaluation to determine the awarding of an associate's degree from SLCC. 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 and Academic Records at Salt Lake Community College in writing.

SIGNATURE:	DATE:	