Appendix A

**Reverse Transfer**

**Bloomsburg University of Pennsylvania and Harrisburg Area Community College**

**Application Request**

I formally request that Bloomsburg University of Pennsylvania (BU) share my educational information and forward to Harrisburg Area Community College (HACC) an official Bloomsburg University of Pennsylvania transcript. I understand that in order to apply for Reverse Transfer I must have completed a minimum of 45 credits of study. I also understand that I must work closely with the Counseling and Advising Office at the nearest HACC campus to ensure I complete the required course work to receive my associate degree from HACC once I have completed this application.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HACC ID (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of HACC Credits: (minimum of 45 must be complete prior to completing this application) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HACC Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HACC GPA: \_\_\_\_\_\_\_\_\_ BU GPA: \_\_\_\_\_\_\_\_\_ BU Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FERPA Statement:** Under the Family Educational Rights and Privacy Act (“FERPA”) of 1974, and as amended, I understand that my educational records cannot be released without my written permission. I therefore authorize the release of my education records from BU to HACC, in order to share student data information between the two institutions without violation of FERPA. I understand that this FERPA Release will be in effect as long as I am participating in the Reverse Transfer Program between BU and HACC and I have the right to rescind this release agreement at any time by providing the Registrar at BU.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date