**Reverse Transfer**

**Bloomsburg University of Pennsylvania and Luzerne County Community College**

**Application Request**

I formally request that Bloomsburg University of Pennsylvania (BU) share my educational information and forward to Luzerne County Community College (Luzerne) an official Bloomsburg University of Pennsylvania transcript.

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

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

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

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

Total Number of Luzerne Credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Luzerne Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Luzerne GPA: \_\_\_\_\_\_\_\_\_ BU GPA: \_\_\_\_\_\_\_\_\_ BU Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FERPA Release:** 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, 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 Luzerne and I have the right to rescind this FERPA Release at any time by providing the BU Registrar with written notice of my rescission.

I understand the FERPA Release and agree to the disclosure of my education records between BU and Luzerne for the purpose of credit evaluation to determine the awarding of an associate’s degree from Luzerne.

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Student Signature Date