



University of Massachusetts Dartmouth



Massasoit Community College

Reverse Transfer Release of Information

Student Name: Last First Middle

Name, if different while at community college: Last First Middle

Date of Birth: Phone Number:

UMD COIN ID: BCC, CCCC, or MCC ID:

UMD email address to use for correspondence:

Current Address: Street Name, Number, Box Town Zip

I authorize the release of my UMD academic transcript to the individual/organization checked below:

- Checkboxes for Bristol Community College, Cape Cod Community College, and Massasoit Community College with contact information.

I authorize the release of the above information for the duration of my enrollment at University of Massachusetts Dartmouth. I understand that at any time, I can rescind this authorization if done so in writing with the UMass Dartmouth Registrar. I also authorize the community college checked above to release the academic transcript reflecting my coursework there to UMD upon completion of my associate's degree requirements.

Student Signature: Date: