REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE



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Please complete, sign and then mail, fax, email or deliver in person to the above address:

Millikin Student ID#	Illinois Central Student ID#		Birthdate(mm/dd/yyyy)
Last Name	First	Middle	Former/Maiden(if Applicable
Current Address			MU Student Email Address
City	State	Zip	Telephone

Last Completed Term @ MU