

# College of Southern Nevada - Reverse Transfer Transcript Request



## INSTRUCTIONS for Mobile Devices:

1. Complete fillable form using PDF editor (adobe acrobat, Pdf max, etc.)
2. **Make sure all of the form is complete including signature** (attach the completed form to the below email address.)
3. Email to [ReverseTransferOffice@csn.edu](mailto:ReverseTransferOffice@csn.edu)

### Transcript Requested from:

- University of Nevada, Las Vegas - Office of the Registrar 4505 S. Maryland Pkwy., Las Vegas, Nevada 89154-1029
- Nevada State College - Office of the Registrar 311 S Water Street, Henderson, NV 89015
- University of Nevada, Reno - Office of the Registrar 1664 N. Virginia Street, Reno, NV 89557

Name:	NSHE ID#	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address:

City:	State:	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address:	Contact Number with Area Code
<input type="text"/>	<input type="text"/>

### Send **ELECTRONIC** Transcript To:

College of Southern Nevada  
3200 E. Cheyenne Ave  
Las Vegas, NV 89030

### Student Authorization:

I understand that the Family Education Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's education records. By my signature, I consent to the release of my academic transcript(s) to the College of Southern Nevada by the institutions indicated above as part of my request for reverse transfer articulation pursuant to the Board of Regents Handbook, Title 4, Chapter 18, Sections 1-3. I understand the College of Southern Nevada may award academic credentials earned based upon a reverse transfer degree audit. I further understand I have the right to rescind this consent to release my academic transcripts at any time.

### Signature:

Enter  
Electronic  
Signature 

<input type="text"/>	<input type="text"/>
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Type your full name here.

Date

**SUBMIT**