



**University of Maryland Baltimore County (UMBC)  
and  
Anne Arundel Community College (AACC)  
Reverse Awarding of the Associates Degree Release Form**

**UMBC and Anne Arundel Community College have partnered to facilitate the reverse awarding of the associates degree for eligible students. Qualified students may have their AACC and UMBC coursework evaluated for consideration for the associate's degree. Upon evaluation, students meeting the degree requirements will have the associate's degree conferred by Anne Arundel Community College.**

*Please complete, sign and return this release form to:*

<b>UMBC Registrar's Office</b>	<b>OR</b>	<b>Scan and submit via Help Request</b>
<b>Attn: Special Enrollments</b>		<b>to "Transcripts" using your</b>
<b>1000 Hilltop Circle</b>		<b>myUMBC account</b>
<b>Baltimore MD 21250</b>	<b>OR</b>	<b>Fax to 410-455-1141</b>

UMBC Student (Campus) ID Number: \_\_\_\_\_ Major at UMBC: \_\_\_\_\_

AACC Student ID Number: \_\_\_\_\_ Desired Major at AACC: \_\_\_\_\_  
(For list of AACC majors visit: <http://www.aacc.edu/catalog/>)

AACC Enrollment: **Start Date** (sem/yr) \_\_\_\_\_ **Last Enrolled** (sem/yr) \_\_\_\_\_

If you do not have enough credits to graduate in the AACC major indicated above, does AACC have your permission to change your program of study and/or catalog year to one that allows you to graduate?  Yes  No

Do you plan to transfer additional credits from colleges other than UMBC to AACC?  Yes  No

If yes, from which college(s): \_\_\_\_\_

List any former names: \_\_\_\_\_

Clearly print name as it should appear on diploma or certificate (legal name only; no titles; indicate punctuation):

_____	_____	_____
First	Middle	Last

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**FERPA Statement**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accordance with FERPA, it is the policy of UMBC and AACC to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to UMBC and AACC required by FERPA.

*I, the undersigned, hereby understand and authorize UMBC and AACC to release/discuss educational records and information and agree to my student records being shared between UMBC and AACC for the purposes of credit evaluation to award a degree, diploma or certificate, if I am eligible to graduate. I also consent to AACC releasing my official transcript to UMBC upon the awarding of a degree or certificate. I also understand that the awarding of an Associate's Degree beyond initial matriculation at UMBC does not alter the general education requirement status determined at initial admission to UMBC.*

*This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. This release form is effective from the date of signature below and consent remains in effect until receipt of written revocation*

Student's Signature

Date