Transfer Admission Guarantee (TAG)
STUDENT ACKNOWLEDGEMENT

Date: ___________________________      TAG Major: ___________________________

Student Name: _____________________      Student ID: __________________________

Start Term: ________________________      Projected Completion Term: ______     ______

I understand the terms of the Transfer Admission Guarantee (TAG) for transferring from Coconino Community College to Arizona State University. Specifically, I have met with an advisor and understand the following:

• The TAG course requirements.
• The GPA and special requirements for completing the TAG, based upon completion of courses specified on the TAG.
• The three-year time limit for completing the Coconino Community College TAG coursework, beginning with the term I enter into the TAG.
• That Arizona State University and Coconino Community College will share my admission and transcript information.
• That all information I provide may be retained in the records of both institutions.
• That I am subject to all policies, rules, and conditions of each institution in which I am enrolled during any given semester.

FERPA Statement:
The federal Family Educational Rights and Privacy Act (FERPA) of 1974 protects the privacy of student educational records, including transcripts, by placing certain restrictions on the disclosure of that information. As a result, your written authorization is required in order for Coconino Community College and Arizona State University to release your educational records to each other for the purpose of providing admission, credit evaluation, academic counseling, financial aid, and other services. All educational records are released subject to the confidentiality provisions of appropriate state and federal laws and regulation. All information may be retained in the records of both systems.

Authorization:

• I authorize the release of my academic records between Coconino Community College and Arizona State University without prior notice and understand that my academic records will be maintained by both institutions.
• I understand that I have the right to rescind this authorization at any time by notifying both institutions in writing of my decision.
• I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.
• If it is appropriate to award an associate degree, my signature below gives permission to the community college to award the degree and notify me of the results without further intervention on my part.

___________________________________________          ________________
Student Signature                                  Date

___________________________________________          ________________
Advisor Signature                                  Date