

UNIVERSITY of
HOUSTON
REGISTRATION AND ACADEMIC RECORDS
PARENT INSTITUTION REQUEST FORM

STUDENT'S NAME: _____ CLAIM NUMBER: _____

CHAPTER: _____ SEMESTER: _____

1. COLLEGE OR UNIVERSITY WHERE COURSE(S) ARE TAKEN:

2. DEGREE OBJECTIVE AND MAJOR: _____ MINOR: _____

3. List Courses by title and number.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Indicate Distributions:

_____ Student will pick up in Rm. 128

_____ Mail to student's address

_____ Other: Mail to address listed below

Addressee: _____

Attention: _____

Street: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize the University of Houston to release the information indicated above.

Student's Signature

Date