

## PARENT INSTITUTION REQUEST FORM

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

CHAPTER: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

\*After completion of these hour(s) please submit an official transcript to UH

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

\_\_\_\_\_

2. DEGREE OBJECTIVE AND MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

3. List courses by title and number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*attach a copy of your schedule from the visiting institution

4. Indicate Distributions:

\_\_\_\_\_ Student will pick up at the Welcome Center

\_\_\_\_\_ 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