PERMISSION RELEASE

In order to protect your privacy rights, the Office of Admissions requires that all students give written permission specifying the person who may have access to the information concerning the status of his or her application and/or admission to the University of Houston.

If you wish to designate someone access below:	to this information, please	e complete the information
below.		
I,		
(STUDENT'S	FULL NAME)	
give		
give(PRINT NAME OF FRIEND OR RELATIVE)	(RELATIONSHIP)	(PHONE NUMBER)
to the University of Houston. I further give this information to this person upon reque- required to show proof of picture identified understand that if the information is reque- as to my 1) full name, 2) student number, in order for any information to be released	est. I understand that the a cation when requesting in ested by telephone by this (3) date of birth and 4) co	above named person(s) may be aformation in person. I also s person, complete information omplete address must be stated
		(student signature)
(stu	udent I.D. #)	(date)