

PARENT INSTITUTION REQUEST FORM

Student Name: _____ Student ID: _____

Chapter: _____ Semester: _____

**After completion of these hours, please submit an official transcript to the University of Houston-Downtown.*

College or University where courses are taken:

Degree Objective and Major: _____

Minor: _____

List courses by title and number:

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

**Attach a copy of your schedule from the visiting institution.*

**Indicate Distribution Information: Email:*

Mail to address:

Student will pick up at Welcome Center

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

Student's Signature:

_____ Date: _____