



Authorization Release Form For Student Records

Date: _____

I, the undersigned, hereby give **South Houston High School** of the **Pasadena Independent School District** authorization and consent to release the transcript of the following student as described below:

Name _____
Date of Birth _____
Student ID Number _____

Records to be released to:

Parent Name _____
Street Address _____
City _____
State _____ Zip Code _____
Telephone (_____) _____

Institution _____
Street _____
City _____
State _____ Zip Code _____
Phone (_____) _____
Fax (_____) _____

Important! Please specify how the records are to be delivered.

Mail Fax* Pick Up

* Fax number **MUST** be provided!

Parent/Guardian Signature *required* if student is *under 18 years of age*:

Signature of Parent/Guardian

Driver's License or ID

Student Signature if 18 years of older

Driver's License or ID