

As part of the School of Nursing transition to the University of Houston, the University will need to transfer your academic history from University of Houston-Victoria, which requires your authorization. Please complete the form below to authorize the transfer of your records.

| Student Information  |                                  |                 |
|--|----------------------------------|-----------------|
| <i>myUH ID NUMBER</i>  |                                  |                 |
| <i>LAST</i>  | <i>FIRST</i>                     | <i>MIDDLE</i>   |
| <i>CURRENT MAILING ADDRESS</i>   |                                  |                 |
| <i>CITY</i>  | <i>STATE</i>                     | <i>ZIP CODE</i> |
| <i>DATE OF BIRTH</i><br>/ /  | <i>TELEPHONE NUMBER</i><br>( ) - |                 |
| <i>EMAIL ADDRESS:</i>  |                                  |                 |
| Authorization and Signature  |                                  |                 |
| I authorize the University of Houston-Victoria to transfer my academic records to the University of Houston as part of the transition of the School of Nursing to the University of Houston. |                                  |                 |
| Signature: _____   |                                  | Date: _____     |

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.