

Use this form to designate or allow a third party to receive information related to your student record at the Glassell School of Art. Student information may include full legal name, mailing address, e-mail, telephone, grades and transcript information, past and current course schedules, disciplinary matters, payment information, and other materials maintained on file with the Glassell School of Art registrar's office in the normal course of the administration of the school's programs and activities. Unless a release form is on file, the registrar's office will only release information to the student directly. ***All fields are required.***

**PLEASE PRINT. SUBMIT COMPLETED FORM TO:****Mailing:** Glassell School of Art

Attn: Registrar

The Museum of Fine Arts, Houston

P. O. Box 6826

Houston, TX 77265

**E-mail:** registration@mfah.org**Fax:** 713-639-7709**Hand-Delivery:** Glassell School of Art

@ The John P. McGovern Campus

2450 Holcombe Blvd., Suite 2-25G

Houston, TX 77021

I, \_\_\_\_\_, hereby request the release of my student information to the following party as listed below. Student information may include full legal name, mailing address, e-mail, telephone, grades and transcript information, past and current course schedules, disciplinary matters, payment information, and other materials maintained on file with the Glassell School of Art registrar's office in the normal course of the administration of the school's programs and activities.

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Name (First and Last)

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Street Address / Apt. # / City / State / Zip

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Signature

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Date (Month / Day / Year)