



Howard College
Dual Credit Schedule Card
Revised 4/2015

Term Code: _____

Student ID: _____

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

TSI Information
STAAR: Reading _____ Writing _____ Reading/Writing _____ Test Date _____ Grade _____
ACT: Composite _____ English _____ Math _____ Test Date _____
SAT: Combined Score _____ Verbal _____ Math _____ Test Date _____
TSI: Reading _____ Writing _____ Essay _____ Test Date _____

Table with 6 columns: COURSE ID, SECTION, DAYS, TIME, LOCATION, INSTRUCTOR

I authorize Howard College to obtain and/or release my TSI scores. Total Hours _____
Signature of Student _____ Date _____ Signature of High School Counselor _____ Date _____



Howard College
Student Records Release Request
Revised 4/2015

To: Howard College Registrar's Office

From: _____
Name of Student Social Security Number

Street Address City State Zip Code

Under Federal Legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records can not be released without written permission.

I, therefore, request that the information listed below be released to the following:

Name of Person(s) authorized to receive my information

Street Address City State Zip Code

Information to be released:

- All Records (Academic and Financial)
Academic Records
Financial Records

Signature of Student Date