

**U N I V E R S I T Y *of* H O U S T O N**  
***ADVISING PERMISSION FORM***

I, \_\_\_\_\_,  
(Student's Last Name                      First Name)                      (ID Number)

give permission for \_\_\_\_\_  
to be present at my advising session. I understand that my academic record will be viewed  
and discussed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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