

CTUDENT INCODMATION

Office of Admissions and Records

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3600 • Fax (956) 295-3601 • www.tsc.edu

High School Early Admission Reference Letter-Parent/Legal Guardian

NAME:				DOB:	<u> </u>	ID:	
(Please print)							
ADDRESS:	(Street)			PH	`		-
(Permanent)	(City)	(State)	(Zip Code)		<i>Work</i> : (_)	-
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E-MAIL: _							
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NAME:				PO	SITION:		
COMPANY	′•						
ADDRESS:				PH	IONE Home: ()	-
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Southmost C		•	•		S	•	
SIGNATURE					DATE		
OFFICE of	the Admis	sions and Recor	ds USE ONLY				
Received by:					Date:		



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High School Early Admission Reference Letter-Counselor, Teacher or Principal

NAME:						
				_ <i>DOB</i> :	ID:	
(Please print) ADDRESS:				РНО	NE <i>Home</i> : (
	(Street)			_ 1110	Work: (
(Permanent)	(City)	(State)	(Zip Code)	_	` ,	
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COMPANY	7 • • •—					
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