



TEXAS UNIVERSITY OF THEOLOGY

AUTHORIZATION FOR RELEASE OF OFFICIAL TRANSCRIPT

To whom it may concern:

I have applied for admission to Texas University of Theology and I hereby authorize you to furnish an official transcript of my academic record while I was a student at your institution. Please mail my transcript to:

Texas University of Theology
Admissions Office
1907 Sharpsbury Drive
Eules, Texas 76040
(817) 835-0531

A photocopy of this authorization will be as valid as the original, even though the photocopy does not contain an original signature. This authorization is valid for one year from the date below.

Full Name: _____
(Print) Last First MI

Address: _____
Street

City State Zip

Social Security No.: - - - .

Telephone No.: _____

Student Signature: _____

Date: _____

(Student: Send original form to the institution and a copy of this form to Texas University of Theology.)