



## 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. Mail the transcript to:

**TEXAS UNIVERSITY OF THEOLOGY**  
**Records Office**  
**700 NE Loop 820, Suite#208**  
**Hurst, TX 76053**  
**(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 No.  
\_\_\_\_\_  
City                                      State                                      Zip

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Student: Send this original request to the institution and a copy to Texas University Of Theology (TXUT)