



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.

Electronic transcripts can be sent to txutoffice@daverover.org or mail paper transcripts to:

TEXAS UNIVERSITY OF THEOLOGY
Records Office- REAP International
P. O Box 136130
Fort Worth, TX 76136
(817) 238-2000

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)