

BROWARD THEOLOGICAL UNIVERSITY, INC.

AUTHORIZATION FOR RELEASE OF OFFICIAL TRANSCRIPT

To Whom It May Concern:

I have applied for admission to Broward Theological University, Inc. and I hereby authorize you to furnish an official transcript of my academic record while I was a student at your institution. Mail transcript to:

Broward Theological University, Inc.
Records Office
P.O. Box 120846
Fort Lauderdale, FL 33312-0015

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 No.: _____

Telephone No.: _____

Student Signature: _____

Date: _____

Student: Send the original to the institution and a copy to Broward Theological University, Inc./BTU