

Phillips Theological Seminary

901 North Mingo Road
Tulsa, OK 74116
(918) 610-8303

Request for Release of Information — Letter of Recommendation

Student's Full Name: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Date first matriculated at PTS: _____ PTS degree (if any) and date awarded: _____

Nature and purpose of request: _____

Please send information checked below to:

Name: _____

Position: _____

Address: _____

Release of Information:

I hereby authorize (name) _____, of Phillips Theological Seminary, Tulsa, Oklahoma, to release to the person[s] specified above for the above-described purposes factual information and professional judgments concerning (check all appropriate boxes):

- (1) my academic abilities and performance at PTS, including grades in particular courses and grade point average.
- (2) my gifts for leadership in church and society.

Waiver of Access: (check the appropriate box)

- (1) I hereby waive all rights of access to the requested reports or recommendations containing expressions of professional judgment without the written consent of the person expressing the judgment.
- (2) I do not waive my rights of access to the requested reports or recommendations. I understand that, upon my request, I will be provided with a copy of the information released by the PTS faculty or staff member named above.

Signed: _____ Date: _____

The faculty or staff member of PTS who responds to this request should immediately forward this completed and signed form to the Office of the Registrar.