Phillips Theological Seminary

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

Request for Release of Information — Letter of Recommendation

Student's I	Full Name:	
Mailing Ad	dress:	
Email Add	ress:	Phone:
Date first n	matriculated at PTS:	PTS degree (if any) and date awarded:
Nature and	d purpose of request:	
Please s	send information c	
Name:		
Position: _		
Address: _		
Release	of Information:	
Tulsa, Okl		, of Phillips Theological Seminary, ne person[s] specified above for the above-described purposes factual ments concerning (check all appropriate boxes):
		es and performance at PTS, including grades in and grade point average.
	(2) my gifts for leaders	hip in church and society.
Waiver o	of Access: (check the	e appropriate box)
	(1) I hereby waive all ri containing expressi person expressing t	ghts of access to the requested reports or recommendations ons of professional judgment without the written consent of the he judgment.
	understand that, up	ights of access to the requested reports or recommendations. I on my request, I will be provided with a copy of the information S 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.