



School Use Only
File Number: _____

Permission For Release of Student Records

Instruction: Permission For Release of Student Records to be completed by all Full Gospel Assemblies ministerial candidates, study group students, those being represented by a third party, or those requesting release of transcript. Signed copy to be forwarded to Phrear School of Theology, Office of Admissions, by postal mail or scanned email attachment.

PERSONAL INFORMATION. Please Print or Type.

Last / Family Name: _____ Home Address: _____
First / Given Name: _____
Primary Phone: _____
Date of Birth: (ex: July / 13 / 85) ____/____/____ Country _____
E-Mail: _____ Postal Code / Zip: _____

Permission

I, the undersigned, give permission and authorize Phrear School of Theology, it's staff and representation to release my academic and/or financial records to and/or authorize the following to facilitate representation on behalf of myself for all student services such as but not limited to registrations, enrollments, tuition payments, and course shipments:

___ Representation Authorization: (ie: List Pastor, Parent, Other)

___ Transcript Release To: (List Approved Receiving Office)

- 1) Name: _____
Address: _____
Telephone: _____
2) Name: _____
Address: _____
Telephone: _____

___ Phrear School of Theology approved Study Group. (Pastor, Director, Study Group Representation)

Name of Church or Organization: _____
Name of Pastor or Director: _____
Address: _____
Telephone: _____

___ Full Gospel Assemblies. (Council, Credentials and Affiliations Committee, Representation)

I hereby give this permission and authorization until such time that I submit in writing a certified withdraw of same, to Phrear School of Theology, Celebration, FL. Office of Admissions.

Date: ____/____/____ Student Signature: _____
Month DD YY Print Full Name: _____
Parent/Guardian Signature (for Students under 18 years of age) _____

Phrear School of Theology - 1420 Celebration Blvd., Suite 200, Celebration, FL 34747