University of Houston Victoria

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AUTHORIZATION FOR RELEASE OF THEA/TASP® TEST SCORES

NAME: _____
First M.I. Last

STUDENT ID # _____

DATE OF BIRTH: (MM/DD/YY) _____

I, _____
STUDENT NAME

authorize the ***University of Houston – Victoria*** to obtain my THEA/TASP® test scores from the Texas Higher Education Coordinating Board. I hereby knowingly, freely, and voluntarily waive any right or cause of action arising as a result of the transmission of my test scores from which any liability may or could accrue to the Texas Higher Education Coordinating Board, the State of Texas, any other governmental body, institution of higher education, or corporate entity which was associated with the transmission of the requested information.

I understand that, upon request, the ***University of Houston – Victoria*** will provide me with a copy of my THEA/TASP® Test scores received from the Texas Higher Education Coordinating Board. I further understand that I have the right to challenge the accuracy of the transmitted scores.

Signed this _____ day of _____, 20____

_____
STUDENT SIGNATURE

in the presence of

_____
WITNESS SIGNATURE

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