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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