

VISION INTERNATIONAL UNIVERSITY of FLORIDA

AUTHORIZATION FOR RELEASE OF OFFICIAL TRANSCRIPT

To whom it may concern:

I have applied for admission to Vision International Education Network and I hereby authorize you to furnish an official transcript of my academic record while I was a student at your institution. Mail your transcript to:

**Vision International Education Network
Records Office
1907 Sharpsbury Drive
Euless, Texas 76040
(817) 835-0531**

A photocopy of this authorization will be as valid as the original, even though the photocopy does not contain an original signature. This authorization is valid for one year from the date below.

Full Name: _____
(Print) Last First MI

Address: _____
Street No.

City State Zip

Social Security No.: _____ - - - .

Telephone No.: _____

Student Signature: _____

Date: _____

Student: Send the original to the institution and a copy to Vision International Education Network (VIEN)