

# THIRD PARTY AUTHORIZATION



If someone will be making inquiries on your behalf during the application process, this form must be completed and returned to our office before any information will be released to a third party. **NOTE: Only one person may be designated to receive information on your behalf.**

## STUDENT INFORMATION

Date of Birth: \_\_\_\_\_ University ID: \_\_\_\_\_ Term of Entry: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

## THIRD PARTY INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SIGNATURE

"I do hereby authorize \_\_\_\_\_, the individual named above, to inquire and receive any information on my behalf regarding my application to the University of South Florida".

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Forms and additional documentation can be uploaded directly to your application, or submitted to the Office of Admissions.*

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