

THIRD PARTY

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 authorized individuals may complete this form.**

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: _____

PLEASE NOTE: You can use the electronic signature in the fillable PDF forms and upload the signed document to your online application or email it to admissions@usf.edu. **Only authorized individuals may complete this form.** However, your signature (whether wet or electronic) still certifies that the information submitted is accurate.