THIRD PARTY

If someone will be making inquiries on your behalf during the application process, this form must be completed and returned to our of ce before any information will be released to a third party. **NOTE: O a b d a b d a d t c at i b ha**.

STUDENT INFORMATION

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

P. and N t : You can use the electronic signature in the Ilable PDF forms and upload the signed document to your online application or email it to admissions@usf.edu. Y i d t dt t a d d b 'a d. However, your signature (whether wet or electronic) still certi es that the information submitted is accurate.