

# **THIRD PARTY AUTHORIZATION FORM**

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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**

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Social Security Number (if available)

Term of Entry

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Last Name

First Name

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Email Address

## **Third Party Information**

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Last Name

First Name

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Relationship to Student

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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".

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Signature of Student

Date

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Please print name

Please mail this completed form to:

USF Undergraduate Admissions  
4202 East Fowler Ave, SVC 1036  
Tampa, Florida 33620

OR fax to (813) 974-9689