

Third Party Authorization Form

GRADUATE ADMISSIONS

4202 East Fowler Avenue, ALN226, Tampa, FL 33620-5816 TEL: (813) 974-8800 FAX: (813) 974-7343 www.admissions.usf.edu

PROSPECTIVE STUDENT INFORMATION

Instructions: If someone will be making inquiries on your behalf during the application process, this form must be completed by the prospective student 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.

| University ID # (if known): | | | |
|--|------------|-------------------|----------------------------|
| Legal Name: | | | |
| Last Name | First Name | Mi | ddle Name |
| | | | |
| E-mail Address | | | |
| | | | |
| | THIDD DAD | TV INFORMATION | |
| | THIRD PAR | TY INFORMATION | |
| Third Party's Legal Name: | | | |
| | Last Name | First Name | Middle Name |
| | | | |
| Relationship to Prospective Studen | t: | | |
| | | | |
| Third Party's E-mail Address: | | | |
| | SIC | GNATURE | |
| | | | |
| "I do hereby authorize the inc behalf regarding my applicat | | | eive any information on my |
| outuin reguraning my approun | | or south Fiorial. | |
| Signature of Prospective Student | | D | 4- |
| Signature of Prospective Student | | Da | ic |
| DI. | | | |
| Please print name | | | |