



UNIVERSITY OF
SOUTH FLORIDA

OFFICE OF ADMISSIONS
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Third Party Authorization Form

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 Number	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".

Signature of Student	Date
Please print name	