



Only immigration-related information is to be released under this consent.

Student's First Name _____ UCF ID _____

Student's Last Name _____

The information is to be released to the following person:

Name _____ Relation _____

Phone _____ Email _____

Information requested:

The information is to be released for the following purpose:

By my signature, I hereby authorize University of Central Florida, UCF Global to release the requested information to the person designated above.

Student's Name _____

Signature _____ Date _____

This form is for internal UCF Global use only and not intended for any other UCF departments.