

*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, International Affairs and Global Strategies Division to release the requested information to the person designated above.

Student's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is for internal International Affairs and Global Strategies Division use only and not intended for any other UCF departments.**