

# (PRVSCH) Privacy Release-Outside Scholarships

# 2024-2025

University of South Florida  
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

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

USF ID: U \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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In accordance with the Consolidated Appropriations Act of 2018, I authorize the USF Office of Financial Aid to release financial aid information to:

\_\_\_\_\_  
Scholarship/Government Agency Name

I understand that the information will be used to determine my eligibility for this scholarship or government assistance and must be attached to the form to be completed by the Office of Financial Aid. The form will be sent back to the specified agency by the Office of Financial Aid. This release is valid for the 2024-2025 school year only.

If you have additional agencies requesting financial aid information, list them below:

\_\_\_\_\_  
Scholarship/Government Agency Name

\_\_\_\_\_  
Scholarship/Government Agency Name

\_\_\_\_\_  
Scholarship/Government Agency Name

\_\_\_\_\_  
Scholarship/Government Agency Name

\_\_\_\_\_  
Student Signature (Ink or DocuSign)

\_\_\_\_\_  
Date

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