



UNIVERSITY OF FLORIDA

AUTHORIZATION TO RELEASE SOCIAL SECURITY NUMBER

Please print all information clearly to facilitate processing.

I, _____ hereby verify that my issued

Social Security Number is: _____

My Date of Birth is: _____

I authorize the Office of the University Registrar at the University of Florida to receive an original copy of my Social Security Number Identification Form (NUMIDENT) from the Social Security Administration.

Signature of Witness:

Signature

Witness: Print Name

Witness Signature

Current Mailing Address

E-Mail Address

Telephone Number

<u>FAX INFO</u>	<u>DATE</u>	<u># OF PAGES</u>
TO: UNIVERSITY OF FLORIDA ACADEMIC PERSONNEL 29 TIGERT HALL, PO BOX 113005	FROM:	
PHONE: 352/392-1251	FAX: 352/392-3464	