



## Consent to Release Personal Information

I \_\_\_\_\_ authorize the University of South Florida to release the information below to the CFP Board for the sole purpose of verifying that I have satisfied CFP Boards coursework requirement for exam eligibility:

Name \_\_\_\_\_

Last Four Digits of Social Security Number\* \_\_\_\_\_

CFP Board ID Number\* \_\_\_\_\_

Phone Number (phone number on CFP Board Account preferred) \_\_\_\_\_

Email Address (address on CFP Board Account preferred) \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

**\* Optional fields not required to match education verification submission to your CFP Board account. However, the inclusion of this information will aid in the verification of your required coursework.**

\_\_\_\_\_ Name

\_\_\_\_\_ Date

\_\_\_\_\_ Signature