



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