

**STUDENT SENATE AFFILIATION FORM**  
**ELECTED OR PERMANENT REPLACEMENT**

NAME: \_\_\_\_\_ UF ID#: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_ LOCAL or CELL PHONE NO.: \_\_\_\_\_

UF EMAIL ADDRESS: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

PERMANENT PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

DATE ELECTED: \_\_\_\_\_ CONSTITUENCY: \_\_\_\_\_ PARTY  
OR AFFILIATION: \_\_\_\_\_

DATE APPOINTED: \_\_\_\_\_

I certify by my signature that I am:

Presently enrolled as a full time student;  
Maintaining a cumulative 2.5 GPA (3.0 for Graduates) or higher;  
Not on conduct probation;

And hereby authorize the University of Florida Student Senate to confirm these facts with the University Registrar.

Additionally, I understand that any changes to this form must be given directly to the Senate Secretary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*It is important to fill in ALL of the information and to report any changes to the Senate Secretary as soon as they occur\*\*