

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

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

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

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

I **CONSENT** to have my UF Email listed on the SG Website - Senate Roster: \_\_\_\_\_ (Initial); **OR**

I **DO NOT CONSENT** to have my UF Email listed on the SG Website - Senate Roster: \_\_\_\_\_ (Initial).

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

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

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

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

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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;

Authorizing the University of Florida Student Senate to confirm these facts with the University Registrar and Dean of Students Office;

Aware that with few exceptions, any official business I conduct related to Student Government is subject to public records requests per Student Body Code 103.1.

Finally, I understand that any changes to this form, including consent to publish my UF Email, 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\*\*