

**UNIVERSITY OF MARYLAND
AUTHORIZED THIRD PARTY RELEASE FORM**

Date: _____

To Whom It May Concern:

I _____ hereby authorize _____
Cardholder Name Person to pick up Pcard

to pick up my Purchasing Card on my behalf. In doing so, I understand that I am responsible for my University Purchasing Card from the time it is picked up from the Delegated Procurement Team.

Authorizing Signature of Cardholder **Date**

Signature of Person Picking up Card **Date**