

CONFIDENTIALITY RELEASE STATEMENT

I authorize the release of my confidential information to:

Name or Agency (please print)

Last 4 digits of SSN: or Agency Address

Relationship to student: _____

I allow permission to discuss my financial circumstances with the above individual or agency and understand this release will stay in effect until I authorize termination in writing.

Student name (please print)

Student signature

PSU ID: _____

Date: _____
Effective date of Release

Name of parent who completed FAFSA

Signature of parent who completed the FAFSA

Date: _____
Effective date of Release

Please return to:
*PSU Financial Aid Team
MSC 18, 17 High Street,
Plymouth, NH 03264
603-535-2338 or 1-877-846-5755 (toll free)
Fax number: 603-535-2627*