



Plymouth State University
of the University System of New Hampshire
Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345 Fax (603) 535-2724

Parental Affidavit for Release of Educational Records

TO: Registrar's Office
MSC #7
Plymouth State University
Plymouth, NH 03264

I, _____, certify that I
Name of Requestor

claimed _____ on my most
Name of Student

recent Federal Income Tax Return as my dependent. (You must include the section of your most recent Income Tax Return which indicates the student's dependency.)

I hereby request that the following information be sent to me at the address below:

Information to be released (please specify documents and semester):

Purpose:

Address:

I understand that I must make this request for information each time it is needed.

Sign: _____ Date: _____