



Plymouth State University  
of the University System of New Hampshire  
Office of the Registrar

## Student Request for Release of Educational Records

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

FROM: \_\_\_\_\_  
Name of student Student ID

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational record cannot be released without my written consent or a Parental Affidavit for Educational Record Release certified by my parent or guardian.

I therefore request that the information listed below be released to the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State Zip

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Signed:** \_\_\_\_\_  
Signature Date