



**RELEASE OF STUDENT CONDUCT INFORMATION  
To An Off-Campus Agency 8.01.19**

By signing below, I authorize the Office of the Dean of Students or Student Conduct to communicate information in my student conduct record related to violations of the Student Code of Conduct, including but not limited to, substance misuse, acts of a threatening or harmful nature, or other behavior that may impact my ability to work within the community, or any outcome resulting in probation or suspension with the requesting agency (or representative of the agency) listed below.

The requesting agency may use this information to determine eligibility for employment.

I understand that as a Plymouth State University student, I am expected to abide by the Student Rights and Code of Conduct and other University policies whether I live on or off campus. University policies, including the Student Rights and Code of Conduct can be found on the Frost House webpage: <https://campus.plymouth.edu/frost-house/student-rights-and-code-of-conduct/>

Student requesting release of information (please print):

Name (printed): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
PSU student ID number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Information may be released to (please print):

Agency: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Agency email: \_\_\_\_\_  
Representative's name: \_\_\_\_\_  
Representative's name: \_\_\_\_\_

I understand that I may revoke my consent in writing, to the address or email below, at any time except to the extent that information has already been released.

\_\_\_\_\_  
Signature of student requesting release

\_\_\_\_\_  
Date

Please return this form to the Frost House  
17 High Street MSC 65, Plymouth NH 03264  
Or email to  
ATTN: Melissa Furbish at [mdfurbish@plymouth.edu](mailto:mdfurbish@plymouth.edu)  
Phone 603-535-2206

Office Use Only:  
 No Documented Concern  
 Follow up with off campus agency  
Reviewed by \_\_\_\_\_