

**PERMISSION FORM**

In compliance with the Federal Educational Rights and Privacy Act (FERPA) of 1974 and with the Higher Education Act (HEA), Section 483(a)(3)(E), Plymouth State University Financial Aid Office is prohibited from providing certain information from your student financial aid records to a third party, such as information on billing, tuition and fee assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student financial aid record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor. Students may grant the University permission to release information about their student financial aid records to a third party (including parents, step-parents, etc.) by submitting this form. You must complete a separate entry for each parent, family member, or other individual to whom you wish to grant access to information regarding your student records.

SECTION A: STUDENT INFORMATION_____
Student name *(please print)*_____
Student signature *(Electronic signatures will not be accepted)*

PSU ID: _____

Date: _____

Effective date of Release**SECTION B: PARENT INFORMATION***For Dependent, Undergraduate Students - Must be completed by parent listed on FAFSA**For Independent and Graduate Students – Not required*_____
Name of parent on the FAFSA_____
Signature of parent on the FAFSA
(Electronic signatures will not be accepted.)

Date: _____

Effective date for Release**SECTION C: RELEASE TO SPEAK WITH A THIRD PARTY**

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing Plymouth State University Student Financial Services Office to discuss my FINANCIAL AID and FAFSA with the person or agency listed below and who are not already on my FAFSA. **I understand this release will be in effect until I rescind the permission by writing a letter to the Student Financial Services Office stating the name(s) that are no longer to have access to my information.**

Please note: A separate process for Online Family Access is required if you wish to authorize our offices to speak with anyone regarding your bill.

Name of **Person or Agency** (please print)_____
Last 4 digits of **SSN or Agency Address**

Date of Birth of Person: _____

Relationship to Student: _____

Student Financial Services, 17 High Street, MSC #19, Plymouth, NH 03264Phone (603) 535-2338; Toll Free (877) 846-5755; Fax (603) 535-2627; psu-sfs@plymouth.edu; go.plymouth.edu/aid