



CONFIDENTIALITY RELEASE STATEMENT

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 for Release

I give permission to discuss my financial circumstances with the person or agency listed below and **who are not already** on my FAFSA. I understand this release will stay in effect until I authorize termination in writing.

Name **of person** (please print)
or Name of **Agency**

Last 4 digits of **SSN**:
or **Agency Address**

Relationship to student: _____

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