STUDENT RELEASE OF INFORMATION

SUNY Plattsburgh

SUNY Plattsburgh will not release information without your written permission – unless legally required.

I,_____, _____
(Print name) Student I.D. No.

authorize SUNY Plattsburgh to release information relative to all academic records to the following individual(s):

Name 1:_____ Relationship:_____

Name 2:_____ Relationship:_____

Name 3:_____ Relationship:_____

Name 4:_____ Relationship:_____

Signature:_____ Date:_____

Mail to:
The Office of the Registrar
Plattsburgh State University of New York
101 Broad Street
Plattsburgh, NY 12901

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