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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