Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118

RELEASE OF STUDENT RECORDS TO THIRD PARTY

Use this form to release a copy of any student records held by the Division of Professional Licensure (DPL) or student records formerly held by the Department of Elementary and Secondary Education **TO A THIRD PARTY**. This form should not be used if you are requesting the release of student records from a closed school for which DPL is not the repository (record holder). Please consult DPL's list of closed schools to find the correct repository: http://license.reg.state.ma.us/public/schools/closed/default.html.

If DPL is the repository, please complete and sign this form and mail it to the address above with a stamped envelope addressed to the authorized third party. **We cannot accept faxed or emailed copies of this request**. At this time there is no cost to request the release of student records to a third party.

DPL will make every effort to complete this request within thirty (30) days. Please note that while DPL may be the repository of some closed school's student records, DPL only has those student records provided by the school at the time of its closure; therefore, DPL cannot guarantee that your student records are available. You will be notified if your records cannot be located.

This authorization will expire ninety (90) days from the date it is signed and dated or sooner if requested by student.

Student Name: _____
(At time of attendance) Last First MI

School Attended: _____

Address of School Attended: _____**Dates of Attendance:** _____

Student's Address: _____
Street City State Zip

Phone: Day:_____ **Evening:** _____ **Email:** _____

Last 4 digits of your Social Security Number: XXX-XX-_____

THIRD PARTY INFORMATION

I hereby authorize the release of my student records to:_____

Company/Organization: _____

Fax number: _____ **Phone/Email:**_____

Address: _____
Street City State Zip

Student Signature: _____ **Date:** _____