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

# STUDENT RECORDS REQUEST FORM

Use this form to request a copy of student records held by Division of Professional Licensure (DPL) or student records formerly held by the Department of Elementary and Secondary Education. This form should not be used if you are requesting 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 name of the correct repository at 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 along with a stamped, self-addressed envelope. **We cannot accept faxed or emailed copies of this request**. At this time there is no cost to request student records.

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 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.

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

**School Attended:**_____

**Address of School Student 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-_____

**Student Signature:** _____ **Date:** _____