



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Private Occupational School Education
1 Federal Street • Boston • Massachusetts • 02110

ELECTRONIC RECORDS WAIVER REQUEST FORM

Dear School Owner or Director:

A school may be granted a waiver from the Division of Occupational Licensure (DOL) from maintaining paper records, if the school demonstrates that comparable electronic records are created and stored in a manner to ensure that they are as authentic and genuine and are as readily accessible as records not produced by electronic means. To request a waiver, submit this completed document to DOL. If the waiver is approved, a new waiver request must be updated and submitted with each application to renew the school's license.

School Name: _____

Address: _____

Contact Person's Name: _____ (print) Title: _____

Email Address: _____ Phone Number: _____

The school is hereby requesting a waiver from DOL for the following types of school records, which will be stored electronically. Please check all that apply:

- ☐ Enrollment contracts, copies of fully executed contracts, including addendums, extensions, or amendments;
- ☐ Name of program and status in program, including progress reports;
- ☐ Attendance records;
- ☐ Documentation of leaves of absence;
- ☐ Externship records;
- ☐ Transcripts that include a) record of courses completed, and, b) grades;
- ☐ Diplomas or certificates of completion;
- ☐ Student loan documentation, including any disclosure forms and disbursement schedules;
- ☐ Student complaints and school's response to each;
- ☐ Records supporting effective date of termination of an enrollment contract;
- ☐ Financial information for each student that includes charges, form and dates of payments, and refunds, if any;
- ☐ Evidence of refunds made to students; and, if applicable, R2T4; and,
- ☐ Other: _____



Students' Records

Name and version of electronic system/program to be used by the school (attach a separate sheet if multiple programs are to be used):

- ☐ Name: _____
- ☐ Version: _____
- ☐ Indicate whether transcripts and certificates of completion are signed and dated and may be exported as PDFs: _____
- ☐ Indicate whether payment records may be exported to Excel or Access: _____
- ☐ How often backups of data are/will be conducted: _____
- ☐ Where backups of data are stored: _____
- ☐ Location of server: _____
- ☐ In the event DOL must access records, please indicate the names staff person(s) that have knowledge of the user id(s) and password(s) for the electronic records:

The information contained within this Electronic Records Waiver Request Form is, to the best of my knowledge, true and accurate. This plan contains no misrepresentations or falsehoods. Misrepresentations or falsehoods shall be sufficient cause for denial, suspension, or revocation of the license.

Signature*

Date

Title

School

*This document must be signed by the owner, director, or authorized agent.

To ensure timely delivery, please email to occupational.schools@mass.gov or your school's license specialist. Alternatively, this document may be submitted as part of a school's application for licensure or application to renew its occupational school license.

For DOL Use Only:
Acknowledged By: _____ Date: _____