



**Commonwealth of Massachusetts
 Division of Occupational Licensure
 Office of Private Occupational School Education
 1 Federal Street, Suite 0600 • Boston • Massachusetts • 02110**

RELEASE OF STUDENT RECORDS TO THIRD PARTY

Use this form to release a copy of any student records held by the Division of Occupational Licensure (DOL) 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 DOL is not the record holder. Please consult DOL's list of closed schools to find the record holder: <https://www.mass.gov/service-details/closed-schools-and-student-records-office-of-private-occupational-school-education>.

If DOL is the record holder, please complete and sign this form and mail it to the address above. At this time there is no cost to request the release of student records to a third party.

DOL will make every effort to complete this request within thirty (30) days. Please note that while DOL may be the record holder for some closed school's student records; however, DOL only has those student records provided by the school at the time of its closure. Therefore, DOL 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. Please type or print clearly.

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:** _____

Acceptable Delivery Methods: This completed form may be hand-delivered, mailed, or sent via facsimile.
DO NOT EMAIL THIS FORM; EMAIL IS NOT A SECURE DELIVERY METHOD FOR DOCUMENTS THAT CONTAIN CONFIDENTIAL INFORMATION.