



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Private Occupational School Education
One Federal Street, Suite 600 • 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 Division of Occupational Licensure **TO A THIRD PARTY**. Do not submit this form if DOL is not the record holder. To determine whether DOL is the record holder, please consult DOL's list of closed schools: <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. 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 be advised that while DOL may be the record holder for some closed school's student records; DOL only has those student records provided by the school at the time of its closure. Schools that closed before July 2012 were only required by Massachusetts law to hold student records for 7 years. 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's Current Name: _____
Last First MI

Student's Name When Attending the School: _____
Last First MI

School Attended: _____ **Program 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- _____ **Student ID# (if known)** _____

THIRD PARTY INFORMATION

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

Company/Organization: _____

DELIVERY PREFERENCE (Select One)

☐ **Fax number:** _____

☐ **Secure Email:** Please check whether the organization accepts secure emails that require them to log in to retrieve the records. If so, please provide email address. If not, then DOL cannot email records.
Email address: _____

☐ **Mailing Address:** _____
Street City State Zip

Student Signature: _____ **Date:** _____

TO SUBMIT REQUEST: 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.

