Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street, Suite 710 • 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 record holder. Please consult DPL'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 DPL 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.

DPL will make every effort to complete this request within thirty (30) days. Please note that while DPL may be the record holder for some closed school's student records; however, 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.
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.