



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Private Occupational School Education**  
 1000 Washington Street, Suite 710 • 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 record holder. Please consult DPL's list of closed schools to find the name of the correct record holder at <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 student records.

DPL will make every effort to complete this request within thirty (30) days. Please note that while DPL may hold 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.

Please type or print clearly.

**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:** \_\_\_\_\_

**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.**

