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

STUDENT RECORDS REQUEST FORM

Use this form to request a copy of student records held by Division of Occupational Licensure (DOL) 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 DOL is not the record holder. Please consult DOL'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 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 student records.

DOL will make every effort to complete this request within thirty (30) days. Please note that while DOL may hold some closed school's student records, DOL only has those 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.

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.