Framingham State University

WAIVER OF CONFIDENTIAL INFORMATION

I,_____, give Framingham State University
(Please PRINT name of student as it appears on application.)
permission to speak with the following person(s) on my behalf regarding any aspect of my application and the processing thereof.

Please print all names clearly and give relationship:

Name	Relationship	Phone

Student's Signature _____ Date _____

Parent/Guardian Signature if student under 18 years of age _____ Date _____

This is an optional form.