



WAIVER OF CONFIDENTIAL INFORMATION

I _____ give Framingham State
(PLEASE PRINT NAME OF STUDENT AS IT APPEARS ON APPLICATION)

College 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)
_____	_____	_____
(Name)	(Relationship)	(Phone)
_____	_____	_____
(Name)	(Relationship)	(Phone)

_____ (Student's signature) _____ (Date)

_____ (Parent/Guardian signature if student under 18 years of age) _____ (Date)

(THIS IS AN OPTIONAL FORM)

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