



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
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.