



WAIVER OF CONFIDENTIAL INFORMATION

I, the applicant, authorize Worcester State University to communicate with the following individuals regarding the status of my application for admission and any other related information.

Please print all names clearly:

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

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Please print your name as it appears on your application.

Applicant's Signature

Date

Parent's Signature (If applicant is under 18 years of age)

Date