



WORCESTER STATE UNIVERSITY

GRADUATE SCHOOL

WAIVER OF CONFIDENTIAL INFORMATION

I, _____, authorize the Graduate School of Worcester State University to communicate with the individual(s) identified below, regarding the status of my application for admission and all other related information.

Applicant Name

Please print all names clearly:

NAME	Relationship to Applicant	Phone Number
1.		
2.		
3.		

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