



## 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:

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Name

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Relationship

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Phone Number

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Name

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Relationship

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Phone Number

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Please print your name as it appears on your application.

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Applicant's Signature

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Date

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

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Date