



Boston Tuition-Free Community College Plan Application Authorization Form

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records and the rights to students concerning the privacy of, and access to, their education records. In compliance with FERPA, Roxbury Community College, Bunker Hill Community College and Boston Public Schools are prohibited from providing certain information from your student records to a third party (including parents, step-parents, spouse, sponsor etc.) such as information on grades, billing, tuition and fees assessment, Financial Aid (including, but not limited to, your grants, scholarships, and work study) and other student record information, unless permission is given to release and share this information. This restriction applies, but is not limited, to your parents, spouse or sponsors.

I am authorizing Roxbury Community College, Bunker Hill Community College and Boston Public Schools to release information regarding my residency (including address), identity (including date of birth), financial information (including Pell eligibility and household income and size), and all academic records (including high school, date of graduation, GPA, college placement testing scores, and college admission) to the City of Boston for the sole purpose of determining eligibility for the Boston Tuition-Free Community College Plan and to maintain accurate records if awarded funds. I understand that submitting my application does not guarantee me funds or enrollment to the plan. I confirm that to my knowledge, the information provided in the Boston Tuition-Free Community College application is accurate.

I further indicate my intent regarding voluntary demographic information below. (*Please check one of the following*):

- I authorize Boston Public Schools to release my demographic information (including gender, race/ethnicity, and language) to the City of Boston for demographic data purposes only.
- I do not authorize Boston Public Schools to release my demographic information (including gender, race/ethnicity, and language) to the City of Boston for demographic data purposes only.

Applicant's Full Name (Printed)

Applicant's Signature

Applicant's Contact Number

Applicant's Email Address

Note to Minors: *If you are not 18 years old or older at the time you submit your Application Authorization Form to the City of Boston, please have your parent/guardian sign below to provide the City of Boston authorization to obtain and verify the information in your application.*

Parent/Guardian's Full Name (Printed)

Parent/Guardian's Signature

Please mail or drop-off your Application Authorization Form to:

Mayor's Office of Workforce Development (OWD)

43 Hawkins Street

Boston, MA 02114

ATTN: Vroselyn Benjamin