



## **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 the Higher Education Act (HEA), Section 483(a)(3)(E) and FERPA, Roxbury Community College, Bunker Hill Community College, Massachusetts Bay Community College, Boston Public Schools, and any other private, public or charter 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 FAFSA, 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 The Boston Foundation (Success Boston), Roxbury Community College, Bunker Hill Community College, Massachusetts Bay Community College, Boston Public Schools, and my private, public or charter school, if applicable, 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.

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***Applicant's Full Name (Printed)***

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***Applicant's Signature***

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***Applicant's Contact Number***

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***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.*

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***Parent/Guardian's Full Name (Printed)***

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***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: LaKeisha Franklin

**Or scan and email to:** [TuitionFreeCollege@Boston.gov](mailto:TuitionFreeCollege@Boston.gov)