



Your dreams. Our mission.

**MassBay Community College
Consent to Disclose Information Form**

I _____ hereby give permission for MassBay Community College
(Student Name)
to discuss relevant information with _____, while in my presence,
(Third Party)
for the purpose of a meeting held on _____. I understand that the release of
(Date)
this information is limited to the subject of the meeting and effective only for the dates listed
below.

This consent shall be in effect from _____ until _____.
Today's Date

Student Signature

Date

Witness Signature

Date