



University of Massachusetts Boston
100 Morrissey Blvd, Boston, MA 02125
Office of Global Programs
617-287-5586/ Fax: 617-287-3963
studyabroad@umb.edu

WAIVER

Application for the Study Abroad

Student Name _____

ID Number _____

Program _____

For Semester _____ Year _____

I authorize the Study Abroad office and UMass Boston officials to communicate with my parents/guardians/other (referenced below) regarding all issues involving my study abroad experience. Such contact may occur before, during or after the program.

I expressly waive any privacy rights I may otherwise have under FERPA and HIPPA. If I circle "No" below I understand that the study abroad office and officers of the university may be unable to help me in certain circumstances.

Circle only one YES NO

If yes,

Name of the parent/guardian _____ Relationship: _____

Student Signature _____ Date _____