

**Charles E. Egan**  
Principal

**Martha B. Zuther**  
Assistant Principal



45 Whiting Street  
Hanover, MA 02339

781•871•1122  
781•871•8792 (Fax)

**Guidance Department**  
781•878•2718

## REQUEST FOR SCHOOL RECORDS

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
(Name of School Student Last Attended)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

**Will you please send a complete transcript, cumulative folder and health records for:**

\_\_\_\_\_  
(Student's Last Name)      (First Name)      (Middle Name)

\_\_\_\_\_  
(Student's Birth Date)      (Present Grade)

I, \_\_\_\_\_

the ( ) parent / ( ) legal guardian, (indicate one) of the above named student hereby give my permission for you to release all records and transcripts of this student to:

**Hanover Middle School**  
45 Whiting Street  
Hanover, MA 02339  
Attn: Ms. Karen Oliver