

HANOVER HIGH SCHOOL

287 CEDAR STREET

HANOVER, MA. 02339

TRANSCRIPT REQUEST FORM

Full Name in High School _____

(include maiden name if applicable)

Date of Birth _____

Year of Graduation _____

or

Year of Withdrawal _____

School, College, Employer, Program etc. to receive transcript:

Name _____

Address _____

City _____ State _____ Zip Code _____

Check One: Mail to above address _____ To be picked up _____

Contact telephone number or email _____

Signature _____ Date _____

If under 18 years of age, a parent/guardian signature is required.

Parent/Guardian Signature if applicable