



HANOVER MIDDLE SCHOOL
45 WHITING STREET
HANOVER, MA 02339

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ANNA HUGHES
ASSISTANT PRINCIPAL
BERNARD MCNAMARA
SPECIAL EDUCATION ADMINISTRATOR

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

"The Mission of Hanover Middle School is to establish a safe learning environment that fosters respect, responsibility, perseverance, and support for all learners."