



School Counseling Department
17 Union Street
Hingham, MA 02043

Hingham High School –Records Release Form

FORMER GRADUATES

Student Name (while at HHS): _____ YOG: _____

- **If you need your transcript sent to a *college or a place of employment*, please fill out the following:** (If applying to multiple schools, *You will need ONE form per school*)

School Transferring from: _____

Reason for transfer? _____

I hereby authorize Hingham High School to release my high school transcript to:

SCHOOL/EMPLOYMENT FULL NAME: _____

How would you like the transcript sent? Please check off **ONE** option and fill in the requested information.

Mail:

Address: _____

Attention: _____

City: _____ State: _____ Zip: _____

Email:

Email address: _____

OR

- **If you would like the transcript mailed to you or someone else, please list the name and address below:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Comments: _____

You can submit this form to Mrs. Stanley at dstanley@hinghamschools.org, by mail to the address above, or via fax at 781-741-1515 (attention Denise Stanley).

Signature of student
Must be signed before processing

Today's Date