

**HINGHAM HIGH SCHOOL  
COUNSELING DEPARTMENT**



**Counselors**  
Kelly Fitzgerald  
Jessica Gawel  
Erin Krall  
Bianca Moruzzi  
Cheryl Rapoza

**Director K - 12**  
Heather Lewallen

**Records Release Form**

Students are reminded to submit this Release Form to the School Counseling Office **at least 10 school days prior** to each college application deadline.

\*Student's Name \_\_\_\_\_ \*YOG \_\_\_\_\_ \*Counselor \_\_\_\_\_

\*Social Security Number \_\_\_\_\_

I hereby authorize Hingham High School to release the following student records to:

\* \_\_\_\_\_  
Name of College, Scholarship Program, etc.

\* \_\_\_\_\_  
Street Address of College or Program

Application Deadline  
**\* Insert Date of your choice:**

\* \_\_\_\_\_  
City, State, Zip Code

Rolling Admissions \_\_\_\_\_  
Regular Decision \_\_\_\_\_  
Early Action \_\_\_\_\_  
Early Decision \_\_\_\_\_

**\* REQUIRED INFORMATION**

\*\*\*\*\*

**Please release the following items. (Check only those that apply.)**

1. \_\_\_\_ Official Administrative Record (name, address, birth date, social security number, grade level completed, grades, weighted grade point average.
2. \_\_\_\_ Counselor Statement
3. \_\_\_\_ Secondary School Report Form (If applicable, please attach form from the college or university.)
4. \_\_\_\_ Special Education Information. Please select among the following:  
     \_\_\_\_ Most recent testing  
     \_\_\_\_ I.E.P.
5. \_\_\_\_ Other (please specify)

\_\_\_\_\_

\*Upon receipt of stamped, addressed envelopes, the mid-year transcript will be sent to each school.

\*Upon receipt of a stamped, addressed envelope, the final transcript will be sent to the college the student will attend.

\_\_\_\_\_  
Signature of Student (if 18 years old) or Parent  
(Must be signed by student or parent before processing)

OFFICE USE ONLY

DATE REQUESTED: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_