Hanover Academy 117 Frances Rd., Ashland, Va. 23005

PH: 804-798-8413 FAX: 804-798-7506

TRANSCRIPT REQUEST

	Child's Birth Date:
	has enrolled in Hanover Academy for the send the following information: all Scholastic, Health, ds which will help us in working with this child.
DISCIPLINE INFORMATION: school?YesNo	Has this student ever been suspended or expelled from
If yes, when:	Please explain:
Please attach a copy of the expul	lsion/suspension notice.
Signed authorization by the pare to Hanover Academy.	ent(s) is given below for your release of this information
Thank you for your cooperation	in this matter.
Sincerely,	
Rebecca Thomas Head of School	
This is to authorize the release o	f this information in the cumulative record of my child
	to Hanover Academy.
Signature of Parent/Guardian	Date