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Hampden Academy

Official Health Record Request

To avoid any delay with processing, completely fill in all information that applies.

Current Last Name: _____ Day Phone #: _____
First Name: _____ Address: _____
Middle: _____ City/State/Zip _____
Other Name(s) Used: _____ E-Mail: _____
Dates of Attendance: _____
Date of Birth: _____

Mail To: _____ Number of Copies Required: _____ Mail To: _____ Number of Copies Required: _____

Mail To: _____ Number of Copies Required: _____ Mail To: _____ Number of Copies Required: _____

Name of other individual authorized to pick up my health record: _____
(Picture ID Required)

Signature *(Your signature is REQUIRED for processing)*

Date