



# Shanksville-Stonycreek School District

P.O. Box 128  
1325 Cornerstone Road  
Shanksville, Pennsylvania 15560-0128

Phone – 814.267.4649  
Fax – 814.267.4372  
<http://www.sssd.com>



To Whom It May Concern:

Please be advised that it is my responsibility to protect the confidentiality of every students' records and that the release of personal data must be in accordance with the prescribed laws and school policies.

I must obtain written permission to release a student's educational records. Please understand that with your signature on the line provided below; this authorizes Shanksville-Stonycreek School District to release educational records at your request. This form will be placed in your permanent file.

Please do not hesitate to contact our district should you need additional assistance. Good luck to you in all of your future endeavors.

Sincerely,

Megan Ervin  
School Counselor

**Name of Student Requesting Educational Records:** \_\_\_\_\_

**Name of Student During Enrollment Period:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name & Address Transcript Should Be Sent To: \*\***  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Former Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Official transcript (w/seal) must be sent directly to the institution. Students wishing to obtain transcripts will receive unofficial transcripts (w/o seal).