

Pottsville Area School District

Howard S. Fernsler Academic Center

1501 West Laurel Boulevard
Pottsville, PA 17901

Date: _____

I, _____, hereby authorize the
(Student's Name/Maiden Name)

Pottsville Area School District, in Pottsville, Pennsylvania, to release all school records and/or grades to:

(Name of College/Employer)

(To the Attention Of:)

(Street Address)

(City)

(State)

(Zip)

Date of Birth _____

(Signature)

Year Of Graduation
Or Last Year of Attendance

(Print Name)

(Street Address)

(City, State, Zip)

(Telephone Number)

Please fax completed form to: 570/621-2989

OR

Email to: jszeliga@pottsville.k12.pa.us