



Leechburg Area School District

210 Penn Avenue
Leechburg, PA 15656
(724) 845-7736 Ext. 121
(724) 845-4761 (Fax)

"Providing Quality Education Since 1829"

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 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 Leechburg Area 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,

Kelly Sadler
Guidance Counselor

Name of Student Requesting Educational Records: _____

Name of Student During Enrollment Period: _____

Date of Birth: _____

Year of Graduation (or last year of attendance): _____

Current Address: _____

Address Transcript Should Be Sent: _____

Signature of Former Student: _____ **Date:** _____