

Jamestown Area School District

Submit completed form to:

Guidance Office c/o Jamestown Area High School

P.O. Box 217 204 Shenango St. Jamestown, PA 16134

Authorization to Release Permanent School Record Form

I, hereby, give permission to the Guidance Office at Jamestown Area High School to release the permanent record of _____ to the institution(s) listed below. I understand this record will include official administrative record (name, address, birth date, grade level completed, grades, class standing and attendance record), standardized test scores, extracurricular activities and counselor recommendations (if other, please specify: _____).

Do you want your PSSA Test Results forwarded if available?

Yes No

Receiving Institutions:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mailing Address:

Phone : _____(W) _____(H)

Email: _____

X _____

Signature of Parent/Guardian if student is under the age of 18.

X _____

Student Signature