

**Chestnut Ridge School District**

3281 Valley Road  
Fishertown, Pa 15539

Phone: 814-839-4195

Fax: 814-839-9137

**REQUEST FOR PERMISSION TO  
RELEASE PERMANENT SCHOOL RECORD**

I hereby grant the (School Name) \_\_\_\_\_

(Address) \_\_\_\_\_  
\_\_\_\_\_

(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

Permission to release a copy of or give access to the checked portion of (my school records), the school record of my son/daughter \_\_\_\_\_

(Student's complete name)

TO: CHESTNUT RIDGE SCHOOL DISTRICT  
3281 VALLEY ROAD  
FISHERTOWN, PA 15539

- Scholastic Evaluation (grades)
- Special Education Records
- Standardized Group Test Results
- Class Rank
- Health Information
- Attendance
- Activities
- Discipline Records

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date