



# East Pennsboro Area School District Request for Release of Students Record Form

East Pennsboro  
Elementary  
840 Panther Parkway  
Enola, Pa. 17025  
(717) 732-0441  
Fax: (717) 732-8946

West Creek Hills  
Elementary  
400 Erford Road  
Camp Hill, Pa. 17011  
(717) 732-0142  
Fax: (717) 732-8943

East Pennsboro Area  
Middle School  
529 N Enola Drive  
Enola, Pa. 17025  
(717) 732-0771  
Fax: (717) 732-8948

East Pennsboro Area  
High School-  
Transcripts  
425 Shady Lane  
Enola, Pa. 17025  
(717) 732-0723  
Fax: (717) 732-8932

Special Education  
Office  
890 Valley Street  
Enola, PA 17025  
(717) 732-3601 x 323  
Fax: (717) 901-4680

Student Name While Attending: \_\_\_\_\_

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

Street Address

City

State

Zip

Current Phone Number: \_\_\_\_\_

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

School Attended: \_\_\_\_\_

Year Graduated/Withdrawn: \_\_\_\_\_

Records to be Released: \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

Released to: \_\_\_\_\_

Name of Individual

Name of Institution

Street Address

City

State

Zip

**Signature of requestor if in person** \_\_\_\_\_

I understand that any willful statements made herein shall be punishable as a criminal act as a misdemeanor, or the third degree under the Pennsylvania Crimes Code subjecting me to a potential fine of up to \$2,500 and imprisonment for up to one year (18 Pa. C.S. §S 1101, 1104, 4904).

Requestor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Notary Public)

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*For Office Use Only:*

Date Received: \_\_\_\_\_ Date Records Sent: \_\_\_\_\_ By: \_\_\_\_\_