

Brownsville Area School District

5 Falcon Drive
Brownsville, PA 15417
724-785-2021

I, _____, request permission to visit

_____ located at _____
Name of Institution

_____ on _____
Address Date

Purpose of visit: _____

_____ Date Requested
Signature of Staff Member

Approved _____ Disapproved _____
Signature of Superintendent

(Request for visitation must be received by the Superintendent's Office at least one week prior to the planned visit and returned to the Superintendent's Office for filing immediately upon return if approved.)

This is to certify that the above named visited our institution as indicated

between _____ and _____.
Hour of arrival Hour of departure

_____ Official's Title
Signature of Official