

PITT COUNTY SCHOOLS RELEASE REQUEST

Name of Student _____

Age _____ (2020-21) Grade _____

Name of Parent/Guardian _____

Mailing Address (Residence) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Student Resides in _____ School District

Request for transfer to _____ County/City Schools

Signature of Parent/Guardian _____ Date _____

*Please mail this form to: Pitt County Board of Education
Student Assignment
1717 West Fifth Street
Greenville, NC 27834*

For Pitt County Board of Education Use Only

Approved _____ Denied _____ By: _____ Date _____