

## PITT COUNTY SCHOOLS RELEASE REQUEST

Name of Student \_\_\_\_\_

Age \_\_\_\_\_ (2018-19) 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 Information  
1717 West Fifth Street  
Greenville, NC 27834*

### **For Pitt County Board of Education Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_