

ROGERSVILLE CITY SCHOOLS

116 BROADWAY
ROGERSVILLE, TN 37857
(423) 272-7651
(423) 272-7790 Fax

CONSENT FOR RELEASE OF STUDENT RECORDS

Full Name of Student Enrolling _____

DOB: _____ Grade to be enrolling in: _____ grade for the _____ year

Student's Social Security Number (Optional) _____

Name and address of school last attended:

Phone Number: _____ Fax Number: _____

I request and authorize the above school to forward copies of all pertinent school records including but not limited to transcripts, academic, scholarship, test records, attendance, special education, health records, immunizations, birth certificate, social security card to:

Agent or Person: Rogersville City School
 ATTN: Vickie Knox
 116 Broadway
 Rogersville, TN 37857
 (423) 272-7651 (423) 272-7790 FAX

I understand that this request form represents my notice that these records are being transmitted and that I may obtain a copy of these records if I desire. Also, I may have the opportunity to challenge the content of these records.

(Parent/Guardian Signature) (Date)

(Current Home Address, Street)

(City) (State) (Zip Code)

(Current Area Code) (Telephone Number)