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*Building our future -
One child at a time*

Record Release Authorization Form

Greene County Schools

Greene County, TN

Date: _____

To: _____

Name of School

_____ **Phone**

_____ **Address**

_____ **Fax**

_____ **City**

_____ **State**

_____ **Zip**

The following student(s) has enrolled in the Greene County School system. Please forward to us, as soon as possible, complete school records for this student including academic, RTI², health, psychological, attendance and any other pertinent information which will assist us in providing a quality education program.

Name of Student

Grade

Birthdate

Date Enrolled

Please forward records to: _____

Name of School

_____ **Address**

_____ **City**

_____ **State**

_____ **Zip**

_____ **Phone**

_____ **Fax**

_____ **Office Signature**

_____ **Parent/Guardian Signature**