

**BEAUFORT COUNTY SCHOOLS
2024-2025
RELEASE REQUEST**

Name of Student: _____

Age: _____ Grade for 2024-2025 school year: _____

Name of Parent/Guardian: _____

Physical Address:

City: _____ State: _____ Zip: _____

Mailing Address: (If different from Physical Address:)

City: _____ State: _____ Zip: _____

Home Phone: _____

Student Resides in _____ District

Request for transfer to _____ County Schools

List reasons for release request

Signature of Parent/Guardian: _____ Date: _____

Mail this request to: Beaufort County Board of Education
Superintendent's Office
321 Smaw Road
Washington, NC 27889

Or fax to: 252-975-2752

Or email to: Lisa Duke at lduke@beaufort.k12.nc.us

For Beaufort County Board of Education Use Only

Approved _____ Denied _____ By: _____
Date: _____