

ROBERTSON COUNTY SCHOOLS
SPRINGFIELD, TN 37172

**AUTHORIZATION FOR THE RELEASE OF RECORDS
TO JO BYRNS ELEMENTARY SCHOOL**

Student's Full Name _____
Last First Middle

Current Address _____
(911 Street Address)

City State Zip

Date of Birth _____
Month Day Year

Student's Social Security Number _____ - _____ - _____

Last School Attended _____

School address _____

City State Zip

School telephone number _____

Dates attended _____

I do hereby authorize you to release all records and transcripts on the above named student. Please be sure to include all health records, test scores, attendance information and grades to the time of withdrawal.

SIGNED _____ DATE _____
Parent or Guardian

PLEASE FORWARD ALL INFORMATION TO:

**Sherri Wilson, Secretary
Jo Byrns Elementary School
6399 Highway 41 North
Cedar Hill, TN 37032**

Please call 615-696-0533 or 615-696-0418 if you have questions.
Our fax # is 615-696-0795