

Brewton City Schools
Dr. Kenneth Varner, Superintendent



**REQUEST FOR SCHOOL RECORDS
AND RELEASE AUTHORIZATION**

Identifying information:

Complete legal name while attending school _____

Name currently used, if different _____

Last school attended at Brewton City _____

Dates of attendance in Brewton City from _____ to _____

Date of Graduation: _____ (or)

Date of Withdrawal: _____

*****VALID PHOTO ID REQUIRED WHEN REQUESTING RECORDS*****

Birthdate _____ Social Security Number _____

Phone number where you can be contacted, in case of questions _____

email address: _____

Records requested:

(Please indicate quantity needed in space provided)

_____ Official High school transcript

_____ Graduation verification

_____ Birthdate verification

_____ Immunization records (Requested records will be sent if available in student folder)

_____ Other *(Please describe)* (Requested records will be sent if available in student folder):

Send/Release requested records to:

Person or Organization: _____

Address: _____

Phone number: () _____

Fax number: () _____

*****All Items on this form must be completed & returned before information will be released*****