

REQUEST FOR RELEASE FROM THE ALCORN SCHOOL DISTRICT

Alcorn School District  
PO Box 1420  
Corinth, MS 38835

Form may be emailed to: \_\_\_\_\_ or Faxed to: 662-286-7766  
studentrelease@alcornschools.org

PLEASE READ CAREFULLY: This form must be filled out COMPLETELY. Incomplete, erroneous, or false information may result in the denial of your request or revocation of a request previously granted.

A separate form must be completed for each student for whom a request for release is made.

I, the parent/guardian of the student listed below, hereby request a release of the student for the 2020-21 school year from the Alcorn County School District.

Student's Full Name: (please print) \_\_\_\_\_ Age: \_\_\_\_\_

Student Last Attended in the Spring 2020: \_\_\_\_\_ Grade: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_ School of residence: \_\_\_\_\_

School You Wish to Attend in the Fall of 2020: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Request to Release:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

OFFICIAL USE ONLY

_____ Approved _____ Denied	Date _____
Superintendent Signature: _____	