

SMITHVILLE ELEMENTARY SCHOOL

221 E. BRYANT STREET, SMITHVILLE, TENNESSEE 37166
615-597-4415 OFFICE 615-597-7547 FAX



MRS. SUMMER CANTRELL, PRINCIPAL
summercantrell@dekalbschools.net

MRS. AMANDA DAKAS, ASSISTANT PRINCIPAL
amandadakas@dekalbschools.net

STUDENT RECORD RELEASE FORM

NAME OF STUDENT _____ GRADE _____
DOB: _____

NAME OF SCHOOL PREVIOUSLY ATTENDED: _____

ADDRESS OF SCHOOL _____
STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NO. FAX NO.

HAS STUDENT PREVIOUSLY ATTENDED SCHOOL AT SMITHVILLE ELEMENTARY?
YES _____ NO _____

PLEASE SEND THE FOLLOWING RECORDS:

_____ CUMULATIVE RECORDS

_____ HEALTH RECORDS AND TEST DATA

_____ SPECIAL EDUCATION AND/OR ESL RECORDS

_____ UNIVERSAL SCREENER AND RTI DATA (IF APPLICABLE)

MAIL RECORDS TO: SMITHVILLE ELEMENTARY SCHOOL
ATTN: STUDENT RECORDS
221 E. BRYANT STREET
SMITHVILLE, TN 37166
PHONE: (615)597-4415

OR FAX RECORDS TO: (615)597-7547

OR EMAIL RECORDS TO: ashleybarnes@dekalbschools.net

AUTHORIZATION STATEMENT AND SIGNATURE

I AUTHORIZE _____ TO RELEASE THE
INFORMATION SPECIFIED ABOVE TO SMITHVILLE ELEMENTARY SCHOOL.

DATE _____

SIGNATURE OF PARENT OR GUARDIAN

A handwritten signature in cursive script that reads "Summer Cantrell". The signature is written in black ink and is positioned above a horizontal line.

SIGNATURE OF PRINCIPAL