



Durham Public Schools

Request for Release from Durham Public Schools

Office of Student Assignment
511 Cleveland Street ~ PO Box 30002 ~ Durham, NC 27702
Phone (919) 560-2059 ~ Fax (919) 560-2414

Student's Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Grade: _____ **(2018-2019)**

Address: _____
Street Apt #

City State Zip

Name of Parent/Guardian: _____

I request the release of the student named above from the Durham Public Schools to the _____ School System for the **2018-2019** school year.

Signature of Parent/Guardian Date

For Office Use Only

Release Approved _____ Release Denied _____ By _____ Date _____