

**BEAUFORT COUNTY SCHOOLS  
2025-2026  
RELEASE REQUEST**

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade for 2025-2026 school year: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: ( If different from Physical Address: ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student Resides in \_\_\_\_\_ District

Request for transfer to \_\_\_\_\_ County Schools

List reasons for release request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Mail this request to:      Beaufort County Board of Education  
                                 Superintendent's Office  
                                 321 Smaw Road  
                                 Washington, NC 27889

Or fax to:                      252-975-2752

Or email to:                  Andrea Fleming [afleming@beaufort.k12.nc.us](mailto:afleming@beaufort.k12.nc.us)

**For Beaufort County Board of Education Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_