

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Out-of-state students ONLY

Student Name _____

Grade _____ Date of Birth _____ Date Enrolled _____

Name of Previous School _____

Address of Previous School Attended _____

Phone Number _____ Fax Number _____

Please mail or fax all cumulative records:

- **Transcript**
- **Withdrawal Grades**
- **Birth Certificate**
- **Immunization Record**
- **Social Security Card**
- **State Testing Scores**
- **504, IEP, or Gifted and Talented Records**

**The above records are requested by Principal, Kary Duffy, or
Counselor, Katy Stoops, of Yellville-Summit Middle School.**

1124 North Panther Avenue, Yellville, Arkansas 72687

Phone: (870) 449-6533

Fax: (870) 449-4773

Principal or Counselor

Date