

**HORACE MAYNARD MIDDLE SCHOOL  
P.O. BOX 669, 435 MAIN STREET  
MAYNARDVILLE, TN 37807**

**Josh Williams, Principal** Phone: (865)992-1030  
**Melanie Satterfield, Assistant Principal** Fax: (865)992-1060

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**RECORD REQUEST**

I hereby authorize \_\_\_\_\_ School  
Name of previous school attended

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Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_  
*School County* \_\_\_\_\_ School phone number \_\_\_\_\_ School fax number \_\_\_\_\_

to release all school records, psychological, (if any), resource, speech, health, birth certificate, social security number, immunization and oral communication with party requesting records.

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Student's full name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Please send to: **Horace Maynard Middle School  
P.O. Box 669, 435 Main Street  
Maynardville, TN 37807  
Attn: Heather Rynes**

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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