

JACK BRITT HIGH SCHOOL

7403 Rockfish Road, Fayetteville, North Carolina 28306-7270
Phone: (910) 429-2800 Fax: (910) 429-2813



Request for a Letter of Stabilization

Date Requested: _____ Deadline Date: _____

Parents Name: _____
(Print Clearly) (Last) (First) (Middle)

Students Name: _____
(Print Clearly) (Last) (First) (Middle)

Date of Birth: _____ SSN: _____
(MM/DD/YYYY)

Grade of Student: _____ Expected year of Graduation: _____

Parents Signature: _____ Phone Number: _____

Please allow at least three days for processing your request. All requests must be signed and returned to Mrs. Brummett in the Counseling Center.

You may mail the request to:

Jack Britt High School
ATTN: Mrs. Brummett
7403 Rockfish Road
Fayetteville, NC 28306