

# 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 to process your request. All requests must be signed by a parent and returned to Mrs. Jones in the Counseling Center.

You may mail the request to:

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