

**Consent for Record Release**  
Requesting records from Bethany School

This record's release form gives my permission for  
Bethany School to release my child's records to:

\_\_\_\_\_ (School)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State, Zip)

\*\*\*\*\*

As Parent and/or Guardian of:

\_\_\_\_\_ (Student Name)  
\_\_\_\_\_ (Date of Birth)  
\_\_\_\_\_ (Current Grade  
in School)

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

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