



Consent for Record Release

To be mailed to your child's current school

This form gives my permission for BETHANY SCHOOL
to request my child's records from:
(please print)

(School) _____

(Address) _____

(City, State, Zip) _____

As Parent and/or Guardian of:

Name of Student _____

Date of Birth _____ Current Grade _____

I hereby authorize you to release all records, psychological evaluations, aptitude testing, academic testing, as well as intelligence testing, and health records to:

Mrs. Teri Mauntel, Admissions
Bethany School
555 Albion Avenue
Cincinnati, Ohio 45246
Fax: 513-771-2292

Signature of Parent: _____ Date: _____

Street: _____

City, State, Zip: _____