

Bethany School
555 Albion Ave.
Glendale, OH 45246
513.771.7462
www.bethanyschool.org



Consent for Record Release
Requesting records from Bethany School

As Parent and/or Guardian of:

_____ (Student Name)

**I give my permission for
Bethany School to release my child's records to:**

_____ (School)

_____ (Address)

_____ (City, State, Zip)

Date: _____ **Parent Name(s):** _____

Signature of Parent: _____