

Bethany School  
555 Albion Ave.  
Glendale, OH 45246  
513-771-7462  
www.bethanyschool.org



## 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) \_\_\_\_\_

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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:

Bethany School  
555 Albion Avenue  
Cincinnati, Ohio 45246  
Fax: 513-771-2292

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_