

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)**

\_\_\_\_\_  
**Parent Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

*Records are sent directly to the new school and are not sent or given directly to the parents. Records will be sent within approximately two weeks as long as all financial obligations have been fulfilled. If there are any outstanding fees of any kind, only the immunization records will be sent to the next school (required by state law).*