Coventry Public Schools

Report of Bullying/Consent to Release Student Information

Date: _____

Name of Student: _____

School: _____

To Parent/Guardian:

A report of bullying has been made on behalf of your child alleging that he/she has been the victim of bullying. In order to facilitate a prompt and thorough investigation of the report, the [_____] Public Schools may wish to disclose the fact that this complaint has been filed in connection with investigation.

(Please check one):

_____ I hereby give permission for the [_____] Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its investigation of that complaint.

_____ I do **NOT** give permission for the [_____] Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its investigation of that complaint.

_____

Signature of Parent/Guardian Date

_____

Name (Please print)