

Hebron Public Schools
Report of Bullying, Discrimination and/or Harassment
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 Hebron Public Schools may need to disclose the name of your child and/or other information in connection with this investigation which may otherwise disclose your child's identity.

(Please initial one):

_____ I hereby give permission for the Hebron Public Schools to disclose my child's name, along with any other information necessary to permit the district to adequately and appropriately investigate such report, to third parties contacted by the district as part of its investigation.

_____ I do **NOT** give permission for the Hebron Public Schools to disclose my child's name, along with any other information necessary to permit the district to adequately and appropriately investigate such report, to third parties contacted by the district as part of its investigation.

Signature of Parent/Guardian

Date

Name (Please print)