**FORM: 5030-E.3**

**MERIDEN 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 Meriden 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 Meriden 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 Meriden 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

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 Name (Please print)

9/1/2020