

**Policy: 5030.4 (E)** 

## Report of Teen Dating Violence/Consent to Release Student Information

<b>Date:</b>		
Name of Student:		
School:		
To Parent/Guardian:		
child has been the victim of teen da	ence has been made on behalf of your child alloating violence. In order to facilitate a prompt a] Public Schools may wish to disconnection with its review.	nd thorough
(Please check one):		
I hereby give perm to disclose the fact that a complaint that complaint.	nission for the [] t concerning my child has been filed as part of	Public Schools its review of
	mission for the [] t concerning my child has been filed as part of	
	Signature of Parent/Guardian	Date
	Name (Please print)	