

**MERIDEN PUBLIC SCHOOLS  
REPORT OF BULLYING/CONSENT TO RELEASE STUDENT INFORMATION**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

To Parent/Guardian:

A complaint of bullying has been filed 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 complaint, the Meriden Public Schools may need to disclose the name of your child and/or other information which may otherwise disclose your child's identity.

Please check one:

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

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)