

**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

\_\_\_\_\_  
 Name (Please print)