



Bellevue High School

Nathan D. Artino, *Principal*
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ADULT CONSENT FOR RECORD RELEASE

I, _____ verify my age is _____ years and my
date of birth is _____.

List maiden name if applicable: _____

Graduation Year: _____

You are authorized to release the records to:

Name/College: _____

Address: _____

City: _____

State: _____

Zip: _____

Reason for request:

_____ College Application

_____ Employment

_____ Other (please specify): _____

Printed Name

Signature

Date

OFFICE USE ONLY

Date Sent: _____

Sent By: _____

Updated 6/2016 MP

Jill J. Mohr and **Douglas Siesel**, *School Counselors*