

FORM C

**BARKHAMSTED ELEMENTARY SCHOOL  
REPORT OF BULLYING/CONSENT TO RELEASE STUDENT INFORMATION**

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

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

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

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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 Barkhamsted Elementary School may need to disclose the name of your child and/or other information in connection this investigation which may otherwise disclose your child's identity.

***(Please check one):***

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

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

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

\_\_\_\_\_  
Date

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