



Lexington Public Schools

Bowman School, 9 Philip Road, Lexington, MA 02421

CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

I GIVE PERMISSION TO THE FOLLOWING TO RECEIVE A COPY OF MY CHILD'S STUDENT RECORDS AS NOTED BELOW:

CHILD'S NAME _____

PLEASE SEND RECORDS TO: BOWMAN SCHOOL
 9 PHILIP ROAD
 LEXINGTON, MA 02421
 781-861-2500 (P)
 781-861-2315 (F)

REASON FOR RELEASE OF RECORDS: _____

RECORDS TO BE RELEASED:	Permission Granted	Permission Denied
ALL RECORDS	_____	_____
HEALTH RECORDS	_____	_____
SPECIAL NEEDS RECORDS	_____	_____

NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS SCHOOL:

REQUESTED BY _____
 SIGNATURE OF PARENT/GUARDIAN

DATE _____