



To the Parent or Guardian:

Please fill in your child's name and rising grade, and sign where indicated.

Student's First Name	Last Name	Rising Grade
----------------------	-----------	--------------

I authorize:

School Name: _____

City, State: _____

to release my child's records as shown below to **BBM School**

Signature of Parent or Guardian

Date

To the School:

Please send the following information:

Academic Records

Health Records

Discipline Records

Special Ed Records

You may fax, email, or mail the records to our school. All contact information is mentioned

below. Thank you!