

Consent for Record Release

I authorize the release of my school records to:		
Name of College or Business		Address of College or Business
For the following reason:		
Empl Scho	high school educati loyer requesting info larship Application er (please specify)	
hereon, the undersigned doe Education, the Bath Superinte officials who furnish such info	es hereby remiss, rel endent of Schools, o ormation as request	nformation and records to the parties indicated lease and forever discharge the Bath Board of and any and all of their agents, employees and ted herein from any and all manner of actions, night or should result from the release of such
		Vacuation
		Year of Graduation
City/State/Zip		
Phone Number		
Signature		
Mailed		Unofficial Copy Released