



# Bellevue High School

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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*