

RIDGEFIELD PUBLIC SCHOOLS

70 Prospect Street, Ridgefield, Connecticut 06877

Policy 5131.911 Form D **REPORT OF BULLYING/CONSENT TO RELEASE STUDENT INFORMATION**

Date: _____

Name of Student: _____

School: _____

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 Ridgefield Public Schools may wish to disclose the fact that this complaint has been filed in connection with investigation.

(Please check one):

_____ I hereby give permission for the Ridgefield Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its investigation of that complaint.

_____ I do **NOT** give permission for the Ridgefield Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its investigation of that complaint.

Signature of Parent/Guardian

Date

Name (please print)