



Bath Local Schools
2650 Bible Road
Lima, Ohio 45801
Fax 419-221-0983

Consent for Record Release

I authorize the release of my school records to:

For the following reason

- Post high school education
- Employer requesting information
- Scholarship Application
- Other (please specify) _____

Further, in consideration of the release of such information and records to the parties indicated hereon, the undersigned does hereby remiss, release and forever discharge Bath Board of Education, the Bath Superintendent of Schools, and any and all of their agents, employees and officials who furnish such information as requested herein from any and all manner of actions, causes of action and claims for damages that might or should result from the release of such information as requested.

Printed Name: _____

Maiden Name (if applicable) _____

Date of Birth _____ Year of Graduation _____

Current Address _____

City/State/Zip _____

Day time phone number where you can be reached _____

Signature _____

- | |
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| <ul style="list-style-type: none"><input type="radio"/> Mailed/Date _____ ()<input type="radio"/> Unofficial Copy Released / Date _____ () |
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