



BELLEVUE COMETS
ELEMENTARY

CONSENT FOR RELEASE OF INFORMATION

TO: _____

The following student(s) have enrolled in our school system, therefore, we request the release of all official school records, health records, psychological and/or individual programs, and any information pertinent to the student(s) educational placement.

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Please send records to: BELLEVUE ELEMENTARY SCHOOL

100 S. 3RD STREET

BELLEVUE IOWA 52031

Signature of Parent, Legal Guardian, or
Authorized School Personnel

Date

BELIEVE IN THE BLUE