



# Lexington Public Schools

Bowman School, 9 Philip Road, Lexington, MA 02421

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## CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

I GIVE PERMISSION TO THE FOLLOWING TO RECEIVE A COPY OF MY CHILD'S STUDENT RECORDS AS NOTED BELOW:

CHILD'S NAME \_\_\_\_\_

PLEASE SEND RECORDS TO:    BOWMAN SCHOOL  
                                          9 PHILIP ROAD  
                                          LEXINGTON, MA 02421  
                                          781-861-2500 (P)  
                                          781-861-2315 (F)

REASON FOR RELEASE OF RECORDS: \_\_\_\_\_

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RECORDS TO BE RELEASED:	Permission Granted	Permission Denied
ALL RECORDS	_____	_____
HEALTH RECORDS	_____	_____
SPECIAL NEEDS RECORDS	_____	_____

NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

DATE \_\_\_\_\_