

Bridges Academy

Authorization for Release of Confidential Information

Before and during your son's enrollment in Bridges Academy, we may need to speak candidly with professionals and other individuals who know the applicant and have direct involvement with his care. These may include extended family members, therapists, school counselors, psychologists, education consultants, probation officers, chaplains and other schools or programs. In the table below, please list any individual(s) whom you feel would be helpful to us in learning more about your son's needs.

Name	Phone	Fax	Type of Professional

Student Name:

Date of Birth:

I, _____ hereby authorize Bridges Academy to contact the above mentioned individuals and speak candidly with them concerning my son's past and present records, history, and progress. I also authorize Bridges Academy to share with the same individual(s) my son's progress while enrolled in the Bridges Academy program.

The information to be disclosed includes:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Social, medical, or psychological reports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Medications used in treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Treatment goals and results | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Information about drug and/or alcohol abuse or treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Court or probation records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Academic Transcripts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

**Please sign and date this form and return it along with your Application for Admission.
Or Fax it to (541) 383-4108**