



BRIDGES ACADEMY

EDUCATING THE EXCEPTIONAL²

PHOENIX AND COLLEGE PREP PROGRAMS

4th - 12th Grade

STUDENT CONFIDENTIAL INFORMATION RELEASE FORM

I give permission for the following institution/individual to release all educational and testing information available concerning my child to Bridges Academy. Please forward all documents from the following parties to Bridges at the address listed below.

1. _____
2. _____
3. _____

Admissions Office
Bridges Academy
3921 Laurel Canyon Blvd.
Studio City, CA 91604

I understand that Bridges Academy is a registered private school in the state of California and is responsible for maintaining all the requirements of professional confidentiality.

Parent's Signature _____ Date _____

Parent's Name _____
(Please print)

Student's Name _____
(Please print)

Attention Parents:

- 1) Please submit this signed release to your child's **therapist, evaluator, and/or other professionals who have provided support**
- 2) Please submit a copy of **this signed release to Bridges Academy** for your child's application file.

Thank you so much for your cooperation, effort and interest in Bridges Academy.