



RELEASE OF INFORMATION

I/We _____, authorize **Kerry M. Mataya, M.S.Ed. and/or Bridgeway Services Staff** to release
(Client Name)
pertinent information regarding my history as well as participation in Bridgeway Services programs to the following people:

Name

Role

Company Name

Name

Role

Company Name

Name

Role

Company Name

I fully understand my personal rights and authorize this communication via phone, letter, e-mail, copy of files, and/or meeting.

Client Signature

Date

I give additional permission for Bridgeway Services to disclose my diagnosis/ Initials _____

Witness Signature

Date