



RELEASE OF INFORMATION

I/We _____, authorize **Bridgeway Services, LLC** to release information regarding my/our
(Parents or Legal Guardian Name)

child, _____, including, but not limited to participation in Bridgeway Services programs to the following
people: (Child Name)

_____	_____	_____	_____
Name	Role	Company Name	Contact Info
_____	_____	_____	_____
Name	Role	Company Name	Contact Info
_____	_____	_____	_____
Name	Role	Company Name	Contact Info

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

Parent / Legal Guardian Signature Date

Parent / Legal Guardian Signature Date

Witness Signature Date