



# Bridges Academy

Serving Grades 6-12

## SCHOOL RECORDS RELEASE

I give permission for \_\_\_\_\_ School to transfer all educational and cumulative records including confidential information to:

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

I understand Bridges Academy is a registered private school in the state of California and will follow all current codes regarding the storage of school records.

Parent's  
Signature \_\_\_\_\_

Parent's  
Name \_\_\_\_\_

Please Print

Student's  
Name \_\_\_\_\_

Please Print

Date \_\_\_\_\_

**Parents:** Please submit this signed form to your child's **current school** and **request they forward** your child's transcripts to Bridges. Please submit a **copy** of this signed release form to Bridges for your child's application file.

3921 Laurel Canyon Blvd. Studio City, CA. 91604  
Phone (818) 506-1091 Fax (818) 506-8094  
[www.bridges.edu](http://www.bridges.edu)