



Bridges Academy

Serving Grades 6-12

Student Confidential Information Release Form

I give permission for the following to release all educational and testing information available concerning my child to:

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

1. _____

2. _____

3. _____

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 _____

Parent's Name _____
Please print

Student's Name _____
Please print

Date _____

Parents: Please submit this signed form to your child's **therapist, evaluator** and/or other **educational professional**. Also, please submit a **copy** of this signed release form to Bridges for your child's application file.



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