

**THE BRIDGE PROGRAM  
at Milford High School**

**Authorization to Release & Receive Confidential Records & Information**

**Student Name:**\_\_\_\_\_ **Date of Birth:**\_\_\_\_\_

**I authorize that Bridge Program Staff and Milford High School may use and disclose the above-named individual's emotional/physical health information and academic records in order to help facilitate a healthy and safe experience at school. The information and records are to be released to/obtained from:**

**Name/Organization:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_

**Phone:**\_\_\_\_\_ **Email/Fax:**\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian, Date**  
**(or student if 18 years or older)**

\_\_\_\_\_  
**Relationship to Student**

\_\_\_\_\_  
**Signature of Bridge Program Staff, Date**