



AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize _____
(Name)

(Address)

(Phone Number)

To release the following information:

Regarding: _____
(Student)

(Address)

(Phone Number)

This information should be sent to:
Hopewell/Bridgepoint Academy
1009 S. Briggs Street
Joliet, IL 60433

_____ Parent	_____ Date
_____ Parent	_____ Date