

RELEASE OF MEDICAL INFORMATION

I hereby authorize release of any medical information regarding _____
to Benchmark Young Adult School:

Student signature: _____ Parent/Sponsor signature: _____
Date: _____

If you have any questions, please do not hesitate to contact our office at (909) 307-3973.

BENCHMARK YOUNG ADULT SCHOOL

Mailing Address

25612 Barton Rd., #286
Loma Linda, CA 92354

Education Center

1971 Essex Ct.
Redlands, CA 92373
Office: 909-307-3973
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