

## PROFESSIONAL RELEASE

I hereby authorize \_\_\_\_\_ to release information regarding the progress of \_\_\_\_\_ to the following professional:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Professional relationship to the student: \_\_\_\_\_

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**

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