



Serving all of Northern Nevada's Special Needs Families

[www.bridgelinknv.org](http://www.bridgelinknv.org) \* [bridgelinknv@gmail.com](mailto:bridgelinknv@gmail.com)

# Release of Information

I give my consent for: (check all that apply)

- \_\_\_\_\_ School, \_\_\_\_\_ School District
- Family Service Center \_\_\_\_\_
- Treatment Center \_\_\_\_\_
- Family Resource Center \_\_\_\_\_
- Hospital \_\_\_\_\_
- Regional Center \_\_\_\_\_
- Division of Child and Family Services \_\_\_\_\_
- Primary Insurance \_\_\_\_\_
- Secondary Insurance \_\_\_\_\_
- Others \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To release and / or discuss any information related to my child: (name)

\_\_\_\_\_

with Bridgelink's Representatives. In addition, I give my consent for Bridgelink to release and / or discuss information related to my child with the above listed providers.

Parent Name / Legal Guardian: (printed name / signature)

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (one year from effective date)