

PROJECT COMMUNITY PRIDE
28 WALNUT STREET · MADISON, NJ 07940
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www.ProjectCommunityPride.org

Release of Information

I, _____ give permission to
(Parent or Guardian's name)

Project Community Pride to share information regarding my family and my
child, _____, with the following parties:
(Child's name)

- Madison Public Schools
- Chatham Public Schools
- Florham Park Public Schools
- Medical professional: _____
(Physician's name and contact information)
- Previous Counseling Professional: _____
(Name and contact information)
- Others: _____
(Name and contact information)

Date

Signature of Parent or Guardian