



THE BRIDGE ACADEMY

Telephone: 609-844-0770

Fax: 609-844-0773

Student _____

Date of Birth _____

Grade _____

To Whom It May Concern,

I am requesting that the immunization records, school medical records including A45 be released to The Bridge Academy.

Records can be sent to: The Bridge Academy, 1958 B Lawrence Road, Lawrenceville, New Jersey 08648. Attention of the School Nurse, Bernadette Alexander.

Thank you for your help.

Parent/Guardian Signature: _____

Date: _____