



Pine Grove
Alumni Program
Forrest Health®

**Pine Grove
Behavioral Health & Addiction Services**

Alumni Consent Form

I am a patient I am a family member I am a Gratitude Spouse

Name: _____ Date: _____
(Print Name)

Program: _____ Women's Center _____ Next Step
_____ Gratitude _____ PEP
_____ Legacy _____ Family

Would you like to be contacted by our Alumni Relations Staff? YES NO

If yes, please complete the information below to be contacted by the Pine Grove Alumni Relations staff regarding alumni events and other events/information related to Pine Grove.

Information

Address:	E-mail Address:
City, State, Zip:	Discharge Date:
Home Phone:	Sobriety/Abstinence Date:
Cell Phone:	Birthday:

I would like to join The Pine Grove Closed Group on Facebook, "PG Friends".

I understand that I am entitled to a copy of this consent form and that if I choose to no longer be contacted by Pine Grove that I will notify the Alumni Relations Department in writing.

Signature _____ Date _____ Time _____

Witness Signature _____ Date _____ Time _____