

**Pine Grove Behavioral Health & Addiction Services**  
**2255 Broadway Drive**  
**Hattiesburg, MS 39402**  
[www.pinegrovetreatment.com](http://www.pinegrovetreatment.com)

Please complete and send to:  
Pine Grove Behavioral Health, Alumni Relations Coordinator  
2255 Broadway Drive  
Hattiesburg, MS 39402  
Or Fax to: 601-853-1666

**Alumni Consent Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

I am an alumnus of which program: \_\_\_\_\_ Women's Center \_\_\_\_\_ Next Step  
\_\_\_\_\_ Gentle Path \_\_\_\_\_ PEP  
\_\_\_\_\_ Family Program \_\_\_\_\_ Intensives

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.

Primary Contact Information	Alternate Contact Information
<b>Address:</b>	<b>Address:</b>
<b>City, State, Zip:</b>	<b>City, State, Zip:</b>
<b>Phone/Fax:</b>	<b>Phone/Fax:</b>
<b>E-mail Address:</b>	<b>E-mail Address:</b>

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date