Pine Grove Behavioral Health & Addiction Services
Alumni Consent Form

Would you like to be contacted by our Alumni Coordinator? ❑ YES ❑ NO

If YES, please complete the information below to be contacted by the Pine Grove Alumni Coordinators regarding alumni events and other event/information related to Pine Grove.

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

Name: _____ Date: _____
(Print Name)

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

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 Alumni App, "PG Friends," also known as Pine Grove 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