

South Carolina Youth Challenge Academy

Release of Confidential Information

Applicant's Full Name: _____

Date of Birth: ____ / ____ / ____ **Social Security Number:** ____ / ____ / ____

It is requested that any professional, legal, educational, medical or mental health information you have regarding the individual above be released to the South Carolina Youth Challenge Academy, 5471 Leesburg Road, Bldg 3892, Eastover, SC 29044.

This information includes any medical reports, psychological reports, psychiatric evaluations, psychiatric hospital records, mental health reports or summaries, school transcripts/records (to include Individual Education Plans, psychological reports, 504 plan, BIP, birth certificate, social security card, immunization records, attendance records, discipline records, etc.), legal and/or criminal history records and status, DJJ Form V, evaluations and other pertinent information which schools, counselors, medical professionals, mental health professionals/agencies, legal professionals or agencies, may have needed for review to decide on acceptance at the South Carolina Youth Challenge Academy

APPLICANT'S SIGNATURE (Please sign)

PARENT/GUARDIAN'S SIGNATURE (Please sign)

DATE

DATE

Please return requested information either by mail, fax, eFax or scan as .pdf and email to:

**The South Carolina Youth Challenge Academy
at McCrady Training Center
5471 Leesburg Road
Eastover, SC 29044**

FAX: (803) 299-4880 or eFax: 1-888-812-5215

Email to: kellyb@tag.scmd.state.sc.us