

[PLEASE PRINT]

STUDENT RELEASE FORM

My son/daughter _____ may only be released to the following people unless I have given written or verbal permission.

Please include yourselves as parents.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

*Picture identification will be requested if Teacher is not familiar with individual picking up student.

**Parent/Guardian may add or delete authorized names at any time.

Parent/Guardian's Signature

Date