

Authorization to Pick-Up

School Name

Student's Name

Grade

Homeroom Teacher

Parent and/or guardian

give permission for

School Name

to release my child to the persons named below. I understand that no other authorization will be necessary for the persons named below to leave school property with my child. I understand any changes to this form will require a new form to be completed. I also understand that all persons listed below must be at least 18 years of age.

Name

Mother/Female Guardian

Name

Father/Male Guardian

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Name

Relationship to Student

Parent/Guardian Signature

Date

School Official

Date

Identification **MUST** be requested and the student **MUST** be signed out. This form is valid from the date of signature through the last day of the current school year. A form **must be completed for each student**.