



WRITTEN AUTHORIZATION TO RELEASE CHILD

Child's Name: _____

Teacher: _____

1. Authorized Pickup Name _____
Driver's License Number _____
Driver's License State _____
Phone Number _____
Relationship to Child _____

2. Authorized Pickup Name _____
Driver's License Number _____
Driver's License State _____
Phone Number _____
Relationship to Child _____

3. Authorized Pickup Name _____
Driver's License Number _____
Driver's License State _____
Phone Number _____
Relationship to Child _____

This authorization is valid until revoked in writing by a parent or legal guardian of the above-named child or until the end of the current academic year, whichever event occurs first.

Signature of Parent or Legal Guardian: _____

Printed Name: _____

Date: _____