

**STUDENT RELEASE AUTHORIZATION**

Student

Teacher

Dear Parents,

Please list all persons who have your permission to pick up your child from school and/or after school care. **We need this form complete for every student**, regardless of any information you have previously provided. Your child will not be released to anyone that is NOT listed below. Please be sure to include phone numbers where we can reach **you** during the day if we have any questions. We ask that you keep the office informed of any updates that need to be made throughout the school year. Thanks so much for your help in this matter.

Name:  Relationship:  Ph:

Name:  Relationship:  Ph:

Name:  Relationship:  Ph:

Name:  Relationship:  Ph:

Name:  Relationship:  Ph:

Name:  Relationship:  Ph:

Daytime Ph:   
Fathers Signature      Date      Home Ph:   
E-mail  Cell Ph:

Daytime Ph:   
Mothers Signature      Date      Home Ph:   
E-mail  Cell Ph:

**If only one parent signs**, please sign the following : “I am the sole legal guardian for the above named child.”

**Signature**

**Daytime Phone**

**Date**