

Please print all information legibly.

Release Authorization Form

Student's Name: _____ **Grade:** _____

Student's Name: _____ **Grade:** _____

Student's Name: _____ **Grade:** _____

The child may be released to the person(s) signing this agreement or the following:

Name **Address** **Phone Number**

Name **Address** **Phone Number**

Name **Address** **Phone Number**

Name **Address** **Phone Number**

Persons to contact in case of an emergency when parents cannot be reached:

Name **Address** **Phone Number**

Name **Address** **Phone Number**

Name **Address** **Phone Number**

Name **Address** **Phone Number**

Parent's Email Address: _____

Parent's Phone Number: _____

Signature (Parent/Guardian): _____ **Date:** _____

Signature (Parent/Guardian): _____ **Date:** _____