

_____ **Independent School District**

AUTHORIZATION FOR RELEASE OF STUDENT

Name of Student: _____ Date of Birth: _____

Name of School: _____

Parent(s)/Guardian(s): _____

I certify that I am the custodial parent/legal guardian of the above-named student, and I grant permission for my child to be released to any of the following-named individuals. *(Each section must be completed).*

My child may be released to the following individuals. (Additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here: _____).

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Parent/Guardian Information:

Parent/Guardian: _____ **Work Phone:** _____

Home Phone: _____ **Cell Phone:** _____

Parent/Guardian: _____ **Work Phone:** _____

Home Phone: _____ **Cell Phone:** _____

Child's after-school daycare provider: _____ **Phone:** _____

I understand that my child will not be released to anyone other than those listed on this form. (If this form is not completed and returned to my child's assigned school, the District may refer to the school's Emergency Information on file). If changes occur during the school year, I will contact the school to update this form.

Parent/Guardian Signature

Date