



Parent/Child Reunification Authorization for Release of Student

Name of Student: _____ Class(s) _____
Name of Student: _____ Class(s) _____
Name of Student: _____ Class(s) _____

I certify that I am the custodial parent/legal guardian of the above named student(s), and I grant permission for my child to be released to any of the following individuals at the end of the school day or in the event of an emergency/crisis that requires the school to release the students. (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(ren): _____

Address: _____ Phone: _____

Name: _____ Relationship to child(ren): _____

Address: _____ Phone: _____

Name: _____ Relationship to child(ren): _____

Address: _____ Phone: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

I understand that my child will be released only to those listed on this form.

Parent Signature: _____ **Date:** _____