

Please Print All Information

Student Name: _____ (Last) _____ (First) _____ Grade/Section: _____

School Year: _____

Legal Documentation on File

Signature Authorization Card for Early Dismissal

Please print below the names of persons authorized to release this student, including yourself, and your spouse. Please be aware that each person listed below will be asked to provide photo identification every time the student is signed out.

Anytime a change is made in contact information the office needs to be notified in writing.

Name: _____ Relationship to Student: _____ Phone #: (H) _____
#: (C) _____

Name: _____ Relationship to Student: _____ Phone #: (H) _____
#: (C) _____

Name: _____ Relationship to Student: _____ Phone #: (H) _____
#: (C) _____

Name: _____ Relationship to Student: _____ Phone #: (H) _____
#: (C) _____

(PRINT) Parent/Guardian: _____ Date: _____

(SIGNATURE) Parent/Guardian: _____

