

# Consent to Release

Student(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

List persons authorized to pick up your student:

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

List persons NOT authorized to have contact with your student:

1. \_\_\_\_\_
2. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_