



AUTHORIZATION OF RELEASE TO SIGN-OUT / PICK-UP

- **Please list as many individuals, other than yourself, to whom your child may be released. (If necessary please use back page of form.)** On any given day **Person(s) NOT listed** on the Authorization to Release Sign-Out form **CANNOT pick-up** any child until parent/guardian comes to Continuing Education's office and adds that person(s) to this form.
- **Please note that everyone listed must provide a valid identification. It must be shown at the time of sign-out.**

Name: _____ **Telephone:** _____

Address _____

Driver's License or a picture ID is required for student pick-up

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I have read this AUTHORIZATION OF RELEASE FOR SIGN OUT and have signed it freely and voluntarily.

Dated this _____ day of _____, 2018.

Student's Name

Signature of Parent/Guardian

Cell phone # () _____ Email _____