Student Emergency Release Form

Date ________________    Time of Release ________________

I, ____________________________ request the following students to be released into my custody.

Relationships to the students ________________

Student Name ___________________________ Teacher ________________
Student Name ___________________________ Teacher ________________
Student Name ___________________________ Teacher ________________
Student Name ___________________________ Teacher ________________
Student Name ___________________________ Teacher ________________

Intended Destination ____________________________
Include location and address if possible

Signature ____________________________ Contact phone number ________________

☐  Check box when authorization is complete.

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