

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 _____

Intended Destination _____

Include location and address if possible

Signature _____ Contact phone number _____

Check box when authorization is complete.

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