



## STUDENT RELEASE FORM

This form is to be filled out and signed by the student's parent or legal guardian if the student is under 16 years of age OR doesn't have a government-issued photo ID. Students may complete the form themselves if they are at least 16 years of age AND have a valid government-issued photo ID.

**ALL students must submit this form in order to test.**

### **Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

### **Name of Parent/Guardian Completing This Form (or student if 16+ years old and has government ID):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**By signing below, I authorize the following individual(s) to sign in and/or sign out my student during standardized testing. I understand that individuals signing in and/or signing out my student will need to show photo ID. I will communicate the photo ID requirement to those designees listed below. I understand that local authorities (police) may be called if my student is not picked up after dismissal.**

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

### **Additional Individuals Authorized to Sign Student In and Out at Testing (Photo ID Required):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_