



TRANSPORTATION BRANCH
Special Education Transportation Unit
 2700 Pine Avenue, Long Beach, CA 90806-2617
 (562) 427-9190 FAX (562) 492-9713

RELEASE FROM RESPONSIBILITY

I request permission for _____
 (Full Name of Student)
 Date of Birth _____ Home phone number _____

To leave the school bus at following (residence or location with specific address) without being received by a designated responsible person.

I hereby release the Long Beach Unified School District and the transportation contractor from all responsibility for the above named student from the time the student leaves the school bus at the designated location.

I further waive all claims against the Long Beach Unified School District and the transportation contractor for injury, accident, illness, or death occurring as a result of the above named agencies approving and honoring this request.

 Printed Name and Relationship of Parent or Legal Guardian

 Signature of Parent or Legal Guardian Date


I hereby approve and authorize the transportation contractor to honor the above request.

 Signature of Principal Date

 Name of School

This form expires on August 31 each year and must be renewed annually. The request may be withdrawn and the approval revoked at any time upon written notification by parent or legal guardian.

Distribution: Original Transportation Branch
 Second copy School File
 Third copy Parent or Legal Guardian

Authorized by: 
 Les Leahy
 Business Services Administrator

