Mountain Ridge High School

Notice of Authorization to Depart-Student Medical/Emergency Release Form

I_____parent/guardian of _____
Parent/Guardian **Student's Name**

Give my authorization to allow _____ _____
Person picking up Student **Relationship to Student**

To sign out my student for early release.

Today's date: _____ **Time to leave:** _____ **Reason:** _____Illness
_____Personal

Parent/Guardian, please attach a CLEAR copy of your Driver's License in the space BELOW and email the form to: MR-Attendance@dvusd.org

[You can also print this form, and take a picture of it with your license and then email the picture]



Forms are NOT kept on file. Please send in a new form and driver's license *the day of the early release*.

No student will be released without this form and copy of parent/guardian's driver's license.

Parent/Guardian's Signature_____

Phone #_____