

**STOCKBRIDGE VALLEY CENTRAL SCHOOL  
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409**

**STUDENT PICK-UP AUTHORIZATION LETTER**

*I, \_\_\_\_\_, the parent/legal guardian of the following student(s):*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*hereby give my permission for Stockbridge Valley Central Schools to release my student(s) in the event of an emergency or in the event that a parent/guardian cannot be reached.*

Authorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Furthermore, I do NOT give permission or consent for the following people to pick up my student(s):*

Unauthorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Unauthorized Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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