



# Authorized Pickup/Release Identification form

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

By filling out the form below you are identifying individuals that CAN pick up your student from the school or receive your student when dropped off at your home (If daycare please provide the name of the daycare facility and the name of your primary contact with that business).

Name of Person	Age of Person	Birth date of Person	Relationship to student	Authorized to pick up student (yes or no)	Authorized to receive student (yes or no)	Notes:

By filling out the form below you are identifying individuals that CANNOT pick up your student from the school or receive your student when dropped off at your home.

Name	Relationship to student	Notes:

Please be aware of the following:

1. This form DOES NOT supersede the board approved "Transportation" policy regarding who can and cannot pick up or receive students.
2. If the status of any of the people on this form changes please notify the school and fill out a new form immediately.
3. Unfamiliar individuals will be asked to show identification when picking up or receiving students.

By signing below you are stating that the above information is accurate. You are confirming that you have the legal right to authorize or deny the individuals listed above. You are also acknowledging that you can change the above authorizations and denials by informing the school in writing and completing a new form.

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

**\*PLEASE REFER TO TRANSPORTATION POLICY FOR INFORMATION ON WHO QUALIFIES AS AN AUTHORIZED PERSON\***