AUTHORIZED RELEASE FORM

| Child's Name | | Date of Birth | |
|---|--|--|----------------------|
| | | | |
| Mother's Name | | Home phone | |
| | | Cell phone | |
| Father's Name | | Home phone | |
| | | Cell phone | |
| Preferred Email: | | | |
| sole custody i No child may The following individ understand that each Be at least six Present valid I certify that the info | s provided. be released to anyone except pare uals are authorized to pick up my o n authorized person must: teen (16) years old. photo identification. | er parent unless a copy of a court or ints without specific written permis shild, in the event that I am unable se and accurate and I agree to notif presented here. | sion. to do so. I |
| Name: | | Phone number: | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | - | |
| | | | |
| Parent/Guardian Sign | | Date | |