

Pick Up Authorization Form

Student: _____

Picked up by: _____

Address: _____

Phone Number: _____

Relationship to child: _____

Pick up date: _____

Please ensure authorized person is prepared to present identification

Please choose one of the following:

This is a one time authorization

In addition, please extend this authorization for the following dates:

List all pertinent dates

In addition, please permanently add this person to my pick up list on file.

Parent signature: _____

Today's date: _____