

# STUDENT PICK-UP AUTHORIZATION FORM

This Student Pick-Up Authorization Form ("Authorization") is provided by the undersigned Parent or Legal Guardian to authorize specific individuals to pick up the student named herein from school or any school-sponsored activity. This Authorization is intended to ensure the safety and proper release of the student in accordance with school policies and applicable laws.

## I. STUDENT INFORMATION

**Student's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Grade/Class:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Phone Number:** \_\_\_\_\_

## II. PARENT/LEGAL GUARDIAN INFORMATION

**Parent/Legal Guardian Full Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:**

\_\_\_\_\_

## III. AUTHORIZED INDIVIDUALS FOR STUDENT PICK-UP

I, the undersigned Parent/Legal Guardian, hereby authorize the following individual(s) to pick up the student named above from school. These individuals have my express permission to take custody of the student. The school is authorized to release the student to any of the individuals listed below upon proper identification.

### 1. Authorized Individual

**Full Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Type of Identification to be presented (e.g., Driver's License, State ID):** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**2. Authorized Individual**

**Full Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Type of Identification to be presented (e.g., Driver's License, State ID):** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**3. Authorized Individual**

**Full Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Type of Identification to be presented (e.g., Driver's License, State ID):** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**IV. EMERGENCY CONTACTS (IF DIFFERENT FROM AUTHORIZED INDIVIDUALS)**

The following individuals are designated as emergency contacts in the event the Parent/Legal Guardian cannot be reached. These individuals may also pick up the student if specifically authorized above.

**1. Emergency Contact**

**Full Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2. Emergency Contact**

**Full Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**V. DURATION AND REVOCATION**

This Authorization shall remain in effect from the date signed below until the end of the current academic year, or until revoked in writing by the undersigned Parent/Legal Guardian. Any changes to the list of authorized individuals must be submitted to the school in writing by the Parent/Legal Guardian.

**VI. ACKNOWLEDGMENT**

I understand that the school will rely on this Authorization for the release of my student. I agree to promptly notify the school in writing of any changes to this Authorization or to my contact information. I release the school and its staff from any liability arising from the release of my student to any individual listed herein, provided such individual presents valid identification.

**PARENT/LEGAL GUARDIAN**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_