

# Belmont Elementary School

## Student Release Authorization Form

2019-2020

In addition to the individuals listed on my child's Student Emergency Information form (MCPS 565-1), I grant permission for my child to be released to any of the following individuals **during the school day**. PLEASE COMPLETE EACH SECTION.

Student Name (first, last)	Teacher	Date of Birth

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**My child(ren) may be released to the following individuals.** *(Additional names may be included on the back of this form. If additional names are attached, parent/guardian must initial here: \_\_\_\_\_.)*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that I am the custodial parent/legal guardian of the student(s) listed above and **I understand that this form is optional and to be used in addition to the Student Emergency Information (MCPS 565-1) during the 2019-2020 school year. I will contact the school if this information changes during the school year.**

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

\_\_\_\_\_  
Date