

## Authorization for Release of Student

Name of Student: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_

Parent(s) /Guardian(s): \_\_\_\_\_

### Parent/Guardian Information:

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

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

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

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

I certify that I am the custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals. ***Please make sure each section is completed.***

My child may be released to the following individuals (additional names may be included on a separate piece of paper.) If additional names are attached, parent/guardian must initial here: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

In understand that my child will not be released to anyone other than those listed on this form. If this form is not completed and returned to my child assigned school, MCPS staff may refer to the Emergency Information card (Form 565-A). if changes occur during the school year, I will contact the school to update this form.

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

\_\_\_\_\_  
Date