

MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

Authorization for Release of Student

Name of Student: _____ Date of Birth: _____

Name of School: _____

Parent(s)/Guardian(s): _____

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. *(Each section must be complete.)*

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 child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Parent/Guardian Information:

Parent/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Child's after school daycare provider: _____ Phone: _____

I 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's assigned school, MCPS staff may refer to the Emergency Information card, Form 565-1.] If changes occur during the school year, I will contact the school to update this form.

Parent/Guardian Signature

Date