

Murrieta Springs Adventist Christian Academy

(951) 461-2243

20__ -20__

AUTHORIZED STUDENT RELEASE FORM

Student's Name _____
Last First

NOTE: After school **or** in the event of a major disaster or emergency, students will be released to authorized individuals **ONLY**. If the individual is not known by the school official, identification will be required before the student is released. ***There will be no exceptions.***

Please list the names of adults (18 years or older) who are authorized to sign for the release of your child. **Please include your own name(s).** Use the back of this form if additional space is needed.
Please PRINT clearly.

*** THERE MUST BE A FORM FOR EACH CHILD ***

- | | |
|-----------------|-----------|
| 1. Parent _____ | 11. _____ |
| 2. Parent _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Parent's or Guardian's Signature

Date