

MONTGOMERY COUNTY PUBLIC SCHOOLS
ROCKVILLE, MARYLAND

Authorization for Release of Students

~ Please return this form to the Poolesville High School Main Office ~

Name of Student: _____

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 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: _____
Address: _____

Relationship to child: _____
Phone: _____

Name: _____
Address: _____

Relationship to child: _____
Phone: _____

Name: _____
Address: _____

Relationship to child: _____
Phone: _____

Parent/Guardian Information:

Parent/Guardian: _____
Home Phone: _____

Work Phone: _____
Cell Phone: _____

Parent/Guardian: _____
Home Phone: _____

Work 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