



Please return to main office – Extremely Important

DATE DUE: September 11

MONTGOMERY COUNTY PUBLIC SCHOOLS

AUTHORIZATION FOR RELEASE OF STUDENT – 2009-10

NAME OF STUDENT: _____ DATE OF BIRTH: _____

NAME OF SCHOOL: DR. MARTIN LUTHER KING, JR. MIDDLE 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- PLEASE PRINT (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/DAY _____

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE/DAY _____

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ PHONE/DAY _____

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