

CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Chapel Aurora

18900 E. Hampden Avenue, Aurora, CO 80013 • 303.628.7200 • info@calvaryacademyaurora.org

AUTHORIZATION TO RELEASE STUDENT • 2012/2013

I, _____, parent/guardian of _____, hereby authorize the following individuals to pickup my student(s) from school. I agree to provide a written notice and a copy of photo identification whenever I wish to add individuals or rescind authorization. Further, I understand that Calvary Christian Academy will ask any person wishing to pick up my student from school outside of normal dismissal times to show photo identification, and if it does not match the information provided on this authorization, my student(s) will not be released.

AUTHORIZED PERSON	Name:
COPY OF DRIVER'S LICENSE	Relationship:
	Identification:
	Telephone Number:
	Limitations or conditions of release authorization:
	Parent/Guardian Name (Print)
	Parent/Guardian Signature

AUTHORIZED PERSON	Name:
COPY OF DRIVER'S LICENSE	Relationship:
	Identification:
	Telephone Number:
	Limitations or conditions of release authorization:
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AUTHORIZED PERSON	Name:
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