

## Student Pick-Up Authorization Form

To better ensure the safety of your child, we are asking that all parents/guardians fill out this form. We realize that there are times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us.

Please list all people, including yourself, to whom ACA is authorized to release your child. If we do not know the person who asks to pick up your child, we will ask for identification. If the person asking to pick up your child is not on the list, you will have to contact ACA before we will release your child to that person.

*Please list all people, including yourself, to whom ACA is authorized to release your child.*

<b>Print Student's Full Name:</b>		
	<b>Name of Authorized Person</b>	<b>Relationship to Student</b>
Ex.	Mary Smith	Neighbor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Parent/Guardian Signature:		
Date:		