Baldwinsville Central School District
29 East Oneida Street
Baldwinsville, NY 13027

STUDENT RELEASE AUTHORIZATION

Dear parent,

In effort to establish protocol for student with multiple parental relations, i.e. step-parent, non-custodial parent; the district requests a **Student Release Authorization Form** be completed by the legal custodial parent/guardian to grant us permission for release of child to other parties. Please complete this form in its entirety. Present it to the Main Office Staff at the school your child attends. As situations change, this form will need to be completed each year in order to maintain current information for your child.

To: Baldwinsville Central School District,

I hereby give permission to release my child from school due to illness, other circumstance, or at end of day release to the following contacts other than myself. I wish to be contacted first for each instance to acknowledge I will pick up my child or to approve of the release to one of the contacts listed below; however, if attempts to reach me are unsuccessful, the contacts listed below may transport my child home or to medical care in my absence.

Child's Name: _____ Grade: ___ Date of Birth_____ School: _____

Contact #1 Information		Contact #2 Information		Contact #3 Information	
Complete Name		*Complete Name*		*Complete Name*	
Relationship to the student		*Relationship to the student*		*Relationship to the student*	
Custody? □ Yes □ No		Custody? □ Yes □ No		Custody? □ Yes □ No	
Students Live with? □ Yes □ No		Students Live with? □ Yes □ No		Students Live with? □ Yes □ No	
Can Pick Up? (check all which apply) □ Medical □ Other □ End of Day		Can Pick Up? (check all which apply) □ Medical □ Other □ End of Day		Can Pick Up? (check all which apply) □ Medical □ Other □ End of Day	
Phone 1:	Home	Phone 1:	Home	Phone 1:	Home
Phone 2:	Cell	Phone 2:	Cell	Phone 2:	Cell
Can this cell receive Text messages? □		Can this cell receive Text messages? □		Can this cell receive Text messages? □	
Phone 4:	Work	Phone 4:	Work	Phone 4:	Work

_____

Date

_____

Signature of Parent or Guardian

Office Use Only:

□ *Original - Main Office File*   □ *Upload - Schooltool NOTES*   *Date Received _____Received By _____*