

**PORT JERVIS CITY SCHOOL DISTRICT  
RELEASE FROM SCHOOL AUTHORIZATION**

**PLEASE PRINT CLEARLY**

STUDENT: \_\_\_\_\_

Last Name      First Name      Initial      Age      Grade      School

**Listed below are those people authorized to pick up my child at the school office:**

	Name	Address	Phone
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____
4.)	_____	_____	_____
5.)	_____	_____	_____

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**Parent / Guardian Signature**

**Date**