

# STUDENT PICK-UP AUTHORIZATION FORM

*Dakota Conference of Seventh-day Adventists®*

Child(ren)'s Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

The following people have permission to pick up my child(ren) from school:

_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)
_____	_____
(Name of person)	(Relationship to child)

Additional information I'd like to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for the Dakota Conference to release my child(ren) into the custody of the people named above.

\_\_\_\_\_  
(Signature of Parent/Guardian)                      (Printed Name)                      (Date)