

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland

**Authorization for Release of Student**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Parent(s)/Guardian(s): \_\_\_\_\_

I certify that I am the custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals. *(Each section must be complete.)*

**My child may be released to the following individuals. (Additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here: \_\_\_\_\_.)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Information:**

**Parent/Guardian:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's after school daycare provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand that my child will not be released to anyone other than those listed on this form. [If this form is not completed and returned to my child's assigned school, MCPS staff may refer to the Emergency Information card, Form 565-1.] If changes occur during the school year, I will contact the school to update this form.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date