

Parent Authorization Release Form

Student Information

Student Full Name

Date of Birth (MM/DD/YYYY)

School Name

Grade

Parent/Guardian Information

Parent/Guardian Full Name

Relationship to Student

Contact Phone Number

Email Address

Authorization Release Details

Describe the nature, scope, and duration of authorization being granted...

Emergency Contact (optional)

Emergency Contact Name

Emergency Contact Phone

Additional Notes

(Optional)

Parent/Guardian Signature

Date