Designated Pickup Authorization Form

Student Information

Student Name: [_____]

Student ID: [_____]

Grade/Level: [_____]

Parent/Guardian Information

Parent/Guardian Name: [_____]

Contact Number: [_____]

Designated Pickup Person

Pickup Person Name: [_____]

Relationship to Student: [_____]

Contact Number: [_____]

Date of Authorization: [_____]

Parent/Guardian Signature: [_____]

[Submit]