

Greenwich Academy Lower School
Student Release Authorization Form
2007-2008

(Please complete **one form per child**)

Student's Name _____

Grade/Teacher _____

I authorize the following person(s) ONLY to pick up my child from school:

1. _____
Name Relationship

Address Phone # (most likely to be reached at)
2. _____
Name Relationship

Address Phone # (most likely to be reached at)
3. _____
Name Relationship

Address Phone # (most likely to be reached at)

The following person(s) may NOT pick up my child from school (if applicable):

1. _____
Name Relationship
2. _____
Name Relationship

If it is a parent who is not allowed to pick up your child, please attach the appropriate court documents to honor this request.

The above information was provided by:

Name Relationship

I understand that this authorization will remain in effect until I notify the Lower School Office in writing to the contrary.

Name Relationship