Student Pick- Up / Release Authorization Form

Name of Student	Grade:	
Teacher:		Northwest Adventist Christian School 10570 Randolph Street
Mother/Guardian Name:		Crown Point, IN 46307 Phone/Fax: (219) 663-4472
Father/Guardian Name:		Email: nwacsteacher@gmail.com

Authorized to Pick-Up Student

Please list below all persons, besides parents/guardians, who are authorized to pick up your child from school.

Note: For your child's safety, all authorized persons will be asked for photo identification until recognized by school staff. Please inform the person on the list in advance on this precautionary measure. Persons may be added to the list or removed at any time, just inform staff of any changes to this form. Please include Pathfinder staff and school staff on the list.

Name	Relation	Minor	Phone #

Not Authorized to Pick- Up Student

Name	Do they know they cannot pick up your child?	Comments

Please initial if you agree:

_____ I may occasionally send a friend or relative to pick up my child. If so, I will notify the office by phone or in writing on the day of the change.

NOTE: Your child WILL NOT be released to anyone who is not authorized. Authorization will be determined based on this form submitted by the parent. It is the parent's responsibility to keep this information current.