



**Christian
Faith
School**
Building Students to Impact the World

**STUDENT RELEASE
AUTHORIZATION**
(Only One Form Per Family Required)

Date: _____
School Year: 20____ / 20____

LAST NAME: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICKUP MY CHILD(REN)

Name: _____

Name: _____

Name: _____

Name: _____

I would like _____ identification cards. I realize it is my responsibility to distribute the cards and report a lost or stolen card to the school immediately. I also understand that anyone attempting to pickup my child without the required identification card will be delayed and that my child will not be released to anyone not listed as authorized unless I am contacted.

Parent Name: _____

Cell: _____

Parent Signature: _____

Date: _____

Parent Name: _____

Cell: _____

Parent Signature: _____

Date: _____

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For Office Use:

