

Atlantic County Special Services School District Student Release Form

STUDENT'S NAME: _____ **DATE:** _____

The above named student was released to the care of:

Parent/Guardian: _____
(Please print name)

Other: _____
(Please print name)

Time: _____

Reason: _____

Signature to Whom Released

Signature – Security Officer/SRO

The Principal/Vice Principal reserves the right to refuse releasing a student based on his/her professional judgment in circumstances of concern for the safety and welfare of the student.

Office Use Only

*Written Permission received/verified _____
(When releasing to other than custodial parent/guardian.)

*Identifying Documentation obtained/verified _____

*Attach to Student Release Form

*Transportation informed _____ *initials* _____ *time*