## **Request for Post-Activity Student Release**

udent's Last Name	First Name	Middle Name	Grade	
As the parent/guardian of the to and from school-sponsore granted for a student to be rethe activity if a written reque	d activities in District-pro eleased to the custody of	vided transportation. An e his/her parent (or guardia	exception may be	
I am hereby requesting that a completion of the following a	• •	or my child to be released i	nto my custody at the	
Organization	Destination		Date of Trip	
Reason for Request:				
I understand that, if approval completion of the activity, ot transportation.	• •	•	•	
Parent/Guardian's Printed Name		Telepho	Telephone Number	
Parent/Guardian's Signature		Date		
		1		

Signature of Sponsor

Signature of Principal or Designee

Date

Date

Approved/Denied (circle one)

Approved/Denied (circle one)