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## Third Party Pick-up Authorization

Date	
To whom it may concern,	
As the parent or guardian of (Print S	Student's Name), I
authorize the release my child to (Print 1	Third Party's Name)
on (Date of Pickup)	I understand that this is my own personal
transportation arrangement, and that in g	ranting permission for (Print Third Party's Name)
to pick up r	my child, I knowingly and voluntarily waive and
release the District from any claims or o	causes of action I or my child might have as a
result of such transportation arrangemen	t.
Parent's Signature	Date

File: Attendance Office