

# NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION

## AUTHORIZATION FOR STUDENT PICK-UP/DISMISSAL

Please fill out the information below for every adult authorized to pick-up your child at dismissal or for an appointment. Your child will not be released to anyone who is not listed below. The first time a new person arrives for dismissal he/she will be carded for identification purposes. Safety is our first priority.

STUDENT'S NAME

NAME	RELATIONSHIP	ADDRESS	PHONE NO.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date