

**PERSONS AUTHORIZED TO REMOVE CHILD FROM HTLS
(Pick Up Authorization List)
2016-2017**

Date _____

HTLS STAFF WILL RELEASE A CHILD ONLY TO THOSE PERSONS LISTED BELOW.

- **PARENTS MUST ALSO BE LISTED ON THE FORM.**
- **If a person listed below is unknown to HTLS Faculty or Staff, he or she will be required to show legal photo identification before the child is released.**

Student's Name _____ Grade _____

I, _____, give my permission to the Faculty and Staff of
Parent's Name

Holy Trinity Lutheran School to release my child, at any time, to the person(s) listed below:

Name	Relationship	Phone	Effective Date

Special Instructions: _____

Updates to Pick Up Authorization List: Please check one of the following if you are modifying the original form.

_____ Replaces all previous lists

Date _____ Signature _____

_____ Add the above names as of the effective date indicated

Date _____ Signature _____