



## AUTHORIZED RELEASE FORM

Please complete a separate form for each child.

I, \_\_\_\_\_, authorize \_\_\_\_\_, to  
Parent's Name, please print Name, please print

pick up my child, \_\_\_\_\_, from Access Arts:  
Child's name, please print

Choose 1:

\_\_\_\_\_ on a specific date: \_\_\_\_\_.

\_\_\_\_\_ from \_\_\_\_\_ till \_\_\_\_\_.

\_\_\_\_\_ 1 year from the date this document is signed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### REMOVAL OF AUTHORIZED RELEASE

I, \_\_\_\_\_, wish to revoke this authorized release  
Parent Name, please print

effective, \_\_\_\_\_.  
Date

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_