



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 _____

Removal of Authorized Release

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

effective, _____.
Date

Parent's Signature _____ Date _____