



Education and Workforce Development Cabinet
Office of Career and Technical Education

Student Release Form

School: Campbell County ATC Program: _____
 Student: _____

Carefully read and complete this form. No student will be released from the Area Technology Center to anyone that is not listed on this form.

Name Of Individual(s) Who May Pick up Student	Relationship To Student	Address	Phone Number	Parent Initial (For approval)

Student's Regular Mode of Transportation:	<input type="checkbox"/>	Bus
(Please Check (√) One)	<input type="checkbox"/>	Parent
	<input type="checkbox"/>	Other
		(Specify)

As the parent(s) or legal guardian(s) of the student, it is understood that the student will not be released to anyone other than the individuals listed above.

Signature of Parent/Legal Guardian	Date	Signature of Parent Legal Guardian	Date
Parent/Legal Guardian Cell Phone Number:			

Equal Education and Employment Opportunities M/F/D