

In person Request for Release of Child: Must be completed to document

## Child's Name

Child's Age

One Time Pick Up			
Date of pick up		Time of pick up	
Name of individual to whom the child is being released to			
One Time Pick Up Signatures			
Name of requesting parent	Sign and date	3	
Name of staff taking request	Sign and date	3	

Extended Pick Up (Valid for maximum of one year)			
Authorization start date		End date	
Name of individual to whom the child is being released to			
Extended Pick Up Signatures			
Name of requesting parent	Sign and date	9	
Name of staff taking request	Sign and date		



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## AT PICK UP Individual **Must** show **Identification**