Authorization to Release Child

Signature of Parent/Guardian		Date
	Name, Address, Telephone	
3		
	Name, Address, Telephone	
2.		
	Name, Address, Telephone	
1.		
-	Person(s) must present a government g up the child/children. No child will be ation.	
guardian is picking up n		iei tilali a tegat parelit ol
	, at LMACCC. I understand that I ne administration each time someone oth	_
The following individual	s are authorized to drop off and pick up	p my child,