

CLOVIS UNIFIED SCHOOL DISTRICT  
**Student Release Authorization**

|   |                    |                     |                   |                        |
|---|--------------------|---------------------|-------------------|------------------------|
| School                                  |                    |                     |                   | Student ID Number      |
| Student Last Name                       | Student First Name | Student Middle Name | Teacher/Counselor | Grade                  |
| Residence Address                       | City               | Zip                 | Date of Birth     | <u>M / F</u><br>Gender |
| Mailing Address (If same, write "Same") | City               | Zip                 | Home Phone        |                        |

*I, the undersigned Parent / Legal Guardian, authorize my child's school to release my child to the following individuals. If contacted by the school, the reason for the student's release will be given to the individual.*

|   |                                 |   |                                 |
|---|---------------------------------|---|---------------------------------|
| <b>Birth Parent/Legal Guardian Name</b> (Please circle one) | <u>Yes / No</u><br>(lives with) | <b>Birth Parent/Legal Guardian Name</b> (Please circle one) | <u>Yes / No</u><br>(lives with) |
| Home Phone  | Cell phone                      | Home Phone  | Cell phone                      |
| Work Phone  | Email Address                   | Work Phone  | Email Address                   |
| <b>3<sup>rd</sup> Contact Name</b>                          | <u>Yes / No</u><br>(lives with) | <b>4<sup>th</sup> Contact Name</b>                          | <u>Yes / No</u><br>(lives with) |
| Relationship  | Home Phone                      | Relationship  | Home Phone                      |
| Cell Phone  | Work Phone                      | Cell Phone  | Work Phone                      |

(See back for additional names)

*The signature on this card of the parent/guardian acknowledges receipt of Notice of Rights of Parents or Guardians of Minor Pupils pursuant to Education Code Section 48980; Board policies regarding Student Records and Sexual Harassment; and of letters regarding emergency procedures, asbestos management and pesticide products.*

|                                  |      |
|----------------------------------|------|
| Parent /Legal Guardian Signature | Date |
|----------------------------------|------|

FORM 11S REV. 3/2009 *Please notify the office with any changes that may occur during the school year.*

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Student Name \_\_\_\_\_

|                                    |            |                                    |            |
|------------------------------------|------------|------------------------------------|------------|
| _____                              |            | _____                              |            |
| <b>5<sup>th</sup> Contact Name</b> |            | <b>6<sup>th</sup> Contact Name</b> |            |
| _____                              | _____      | _____                              | _____      |
| Relationship                       | Home Phone | Relationship                       | Home Phone |
| _____                              | _____      | _____                              | _____      |
| Cell Phone                         | Work Phone | Cell Phone                         | Work Phone |

|                                    |            |                                    |            |
|------------------------------------|------------|------------------------------------|------------|
| _____                              |            | _____                              |            |
| <b>7<sup>th</sup> Contact Name</b> |            | <b>8<sup>th</sup> Contact Name</b> |            |
| _____                              | _____      | _____                              | _____      |
| Relationship                       | Home Phone | Relationship                       | Home Phone |
| _____                              | _____      | _____                              | _____      |
| Cell Phone                         | Work Phone | Cell Phone                         | Work Phone |

Student Name \_\_\_\_\_

|                                    |            |                                    |            |
|------------------------------------|------------|------------------------------------|------------|
| _____                              |            | _____                              |            |
| <b>5<sup>th</sup> Contact Name</b> |            | <b>6<sup>th</sup> Contact Name</b> |            |
| _____                              | _____      | _____                              | _____      |
| Relationship                       | Home Phone | Relationship                       | Home Phone |
| _____                              | _____      | _____                              | _____      |
| Cell Phone                         | Work Phone | Cell Phone                         | Work Phone |

|                                    |            |                                    |            |
|------------------------------------|------------|------------------------------------|------------|
| _____                              |            | _____                              |            |
| <b>7<sup>th</sup> Contact Name</b> |            | <b>8<sup>th</sup> Contact Name</b> |            |
| _____                              | _____      | _____                              | _____      |
| Relationship                       | Home Phone | Relationship                       | Home Phone |
| _____                              | _____      | _____                              | _____      |
| Cell Phone                         | Work Phone | Cell Phone                         | Work Phone |