

AUTHORIZATION FOR STUDENT RELEASE

Marion Independent School District

I hereby authorize that _____ may be picked
Name of student

For early dismissal evacuation by:

Myself only _____
Name of parent/legal guardian

Myself or spouse _____
Name of spouse

Or by _____
Name of authorized person
(high school age or older)

Date

Signature of parent/legal guardian

Please be sure to return this form to:

Francis Marion Intermediate School
2301 3rd Ave.
Marion, Iowa 52302