

Authorization for Student Release

Marion Independent School District

Name of Student: _____ Grade: _____

I hereby authorize that the individuals listed below may pick up my student in the event of an early dismissal or during an evacuation. **Any authorized person must be of high school age or older.** Please remember to print the name of everyone you want authorized to pick up your student, including your name and your spouse's name.

Please PRINT the names of all authorized individuals:

Please sign and return this form to your student's school.

Date

Signature of Parent/Legal Guardian