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AUTHORIZATION FORM FOR PICK UP/DROP OFF

Date: _____

Name of Student _____
(Please print name)

Date of Birth: _____

Parent/Guardian: _____
(Please print name)

I hereby authorize the release of my child to the following people:

1. _____
(Print Name) (Relationship) (Phone Number)

2. _____
(Print Name) (Relationship) (Phone Number)

3. _____
(Print Name) (Relationship) (Phone Number)

This list will remain in effect until I send in written instructions to change this authorization.

I understand the above persons will be asked to provide a government issued (driver's license, passport) picture ID before my child is released to them.

I understand that my child will only be released to the authorized individuals named here unless I have called the school and spoken with a staff member giving a different name.

Parent Signature: _____

Parent Phone Number: () _____

Please return this form to the Director's Office (Rm 121) no later than September 15, 2020. Thank you.