

**STUDENT RELEASE AUTHORIZATION FORM**

**INSTRUCTIONS:** In order to ensure the safety and security of our students, we kindly request you to fill out the following information below: After filling out the form, please submit it to the Admin Counter or email to [admissions@studentdeskims.org](mailto:admissions@studentdeskims.org) with the Subject: CHILD RELEASE AUTHORIZATION FORM – Student’s Name (Last Name, First Name, Middle Name).

Name of Student		Level	
<b>Parent/Guardian Information</b>			
Full Name		ID Presented/ No.	
Relationship to the Child		Contact Number	
<b>Fetcher’s Information</b> (if different from Parent/Guardian)			
Full Name		ID Presented/ No.	
Relationship to the Child		Contact Number	
<b>Authorization</b> (to be completed by the parent/guardian)			
I, _____, authorize the following individual(s) to fetch my child, _____, from SD IMS on _____ (date/s). I understand that by providing this information, I am granting permission for the designated individual(s) to pick up my child.			
<b>Reason</b> (Please provide a brief explanation for the loss, forgetting, or change of the Fetcher’s ID.)			
<b>Additional Notes/Instructions (if any)</b>			

	Submitted by	Noted by	Noted by	Approved by
Signature				
Name				
Designation	Parent/Guardian	Teacher-In-Charge	Security Officer	Admin
Date				