

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> 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.*

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