



**Linda Vista Adventist Elementary School**  
 "Where children grow closer to God while learning to master the world"

**Student Pickup Authorization Form**

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Students will not be released to anyone other than those listed within this document without specific permission from the parent/guardian.

I hereby inform Linda Vista Adventist Elementary School that the people listed below are authorized to pick up the above named child(ren) at anytime.

AUTHORIZED PICK-UP PERSON:

Name:	Relationship to Child:	Phone #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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