

**AUTHORIZED PICKUP PERSONS
CHAFFIN MIDDLE SCHOOL
2023-2024**

PLEASE PRINT

Student's School ID _____

STUDENT'S NAME _____
Last First Middle

GRADE (Choose One) 6 7 8

BIRTH DATE ____ / ____ / ____

I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE: (Students are only released to persons listed on this form)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent or Guardian Signature (Required) _____

Date _____