

**AUTHORIZED PICKUP PERSONS  
CHAFFIN MIDDLE SCHOOL  
2021-2022**

**PLEASE PRINT**

Student's School ID \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_  
Last First Middle

**GRADE** (Circle One) 6 7 8

**BIRTH DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I GIVE PERMISSION FOR MY CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE:** (Students are not released to anyone not 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 \_\_\_\_\_