



## **AUTHORIZATION OF RELEASE TO SIGN-OUT / PICK-UP**

- Please download this PDF to your computer by using the down arrow in the upper right corner. Fill out the form, save it and print it. Please sign, scan and email to [feliciataylor@alasu.edu](mailto:feliciataylor@alasu.edu). Optionally, you can mail it to:  
ATTN: Felicia Taylor  
ASU Continuing Ed  
32 Commerce Street  
Montgomery, AL 36104
- Please list as many individuals, other than yourself, to whom your child may be released. (If necessary, please use back page of form.) On any given day **Person(s) NOT** listed on the Authorization to Release Sign-Out form **CANNOT pick-up** any child until parent/guardian comes to Continuing Education's office and adds that person(s) to this form.
- Please note that everyone listed must provide a valid identification. It must be shown at the time of sign-out.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

**Driver's License or a picture ID is required for student pick-up**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

**Driver's License or a picture ID is required for student pick-up**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

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Address \_\_\_\_\_

**Driver's License or a picture ID is required for student pick-up**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

**Driver's License or a picture ID is required for student pick up**

- **Daily Sign-Out sheet must be signed each afternoon by parent/guardian or authorized person (s) on the Authorization to Release Sign-Out form.**
- **On any given day Person(s) NOT listed on the Authorization to Release Sign-Out form CANNOT pick-up any child until parent/guardian comes to office and add that person(s) to the form.**
- **Authorized persons must show Valid ID before child is release**

**Drop-Off and Pick-Up WILL BE STRONGLY ENFORCED FOR YOUR CHILD’S SAFETY!**

**Alabama State University and Skycap will NOT be responsible for any children who are not dropped off and in accordance with these guidelines.**

SKYCAP’s goal is to ensure your children have fun and be in a safe environment. Parents we need your help in this endeavor by abiding by the terms and agreements stated above. This agreement must be signed, and a copy will remain in the Division of Continuing Education's office before registration is complete.

**I have read this AUTHORIZATION OF RELEASE FOR SIGN OUT and have signed it freely and voluntarily.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018.**

\_\_\_\_\_  
**Student’s Name**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Cell phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_**