

**NUTLEY BOARD OF EDUCATION  
EXTENDED DAY PROGRAM**

**CHILD RELEASE AUTHORIZATION**

**CHILD'S NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

Year **2018-2019**

List below, the names of all the people **(18 years of age or older)** who **you authorize** to pick up your child/children, if you are unable to pick them up yourself. These people will be asked **to show identification** before they will be able to leave with your child.

**NO EXCEPTIONS!**

NAME

RELATIONSHIP

PHONE

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If there is a person who is not legally allowed to pick up your child, list their name, relationship to child and attach the appropriate court order to this form.

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