



Mrs. Payan's School

Fatima Tricha Payan Large Family Child Care Home ("LFCCH")

RELEASE AUTHORIZATION FORM

I, _____, parent of _____
hereby grant authority to _____ identified
with ID number _____ to pick up
from school.

This authorization is effective:

from _____ until _____

from _____ until end of school year

This Release Authorization is not needed at this time.

Parent's Signature

Date