

Student Release Authorization*

From Relocation Center	
My child,, may be released to any International School for Peace staff member to be transferred to or from the prearranged Relocation Center in the event of an emergency evacuation.	
In the event that I am unable to pick up my child a persons listed below to pick up my child at the Re be released by International School for Peace to the I.D. I understand that my child may not be released.	location Center. I give my permission for my child to ne following persons upon the presentation of a photo
NAME	NAME
From Preschool	
persons at any time upon the presentation of a ph	ed by International School for Peace to the following toto I.D. I understand that this information will be kept ble for keeping the information in my child's file current.
NAME	NAME
The following individual(s) may NOT remov	ve my child from International School for Peace:
Name(s):	<u> </u>
Parent Signature	Date:

^{*}As family constellations change, new cell phone numbers are acquired, or people move, it is important to keep your child's file updated*