Parent Initials _____ SUP Initials _____

Social Connections Learning Center- Katy, LLC

Authorization Release of Client Form

I consent to authorize Social Connections Learning Center- Katy, LLC (SCLC) to release my child from the Social Connections Learning Center-Katy LLC (SCLC), at any time, for the following authorized person(s).

Name of person	Relationship	Texas DL #
Name of person	Relationship	Texas DL #
Name of person	Relationship	Texas DL #
Name of person	Relationship	Texas DL #

By signing this form, I understand that I am authorizing the Social Connections Learning Center-Katy LLC, to release my child to this person(s) and it is my responsibility to remove and notify the SCLC immediately in the event that a person should need to be removed. I also understand that Parent 1 holds the authority to make such decisions as adding and removing authorized person(s) for release of my child.

Parent Signature	Date