REQUEST FOR PERMISSION TO RELEASE STUDENT TO NON-PARENT/GUARDIAN

_____ is in the custody of the Elko County
Student Name

School District and its employees.

We, the parent(s)/guardian(s) of _____ request that the
Student Name

District release him/her into the custody of _____.
Name of Person Student being released to

From the Time of such release, the District shall have no further custody, care, responsibility or liability with respect to this student.

_____
Signature of Parent/Guardian Date

_____
Signature of Parents/Guardian Date

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

Subscribed and sworn before me this _____ day of _____, 20___

By _____

_____
Notary Public

****

APPROVAL BY ADMINISTRATION

Signature _____ Date _____

Notes
_____
_____
_____