

REQUEST FOR RELEASE OF STUDENTS TO ANOTHER ADULT

_____ is/are in the custody of
(Students Name)

the ElkoCountySchool District and its employees on a trip for a school-sponsored activity, namely _____
(School)

_____ in _____
Name and Activity Location and Date of Activity

We, the parents of _____, request
(Student(s) Name(s))

the District to release my (our) child(ren) into the custody of

(Name of Person Student(s) being released to)

From the time of such release, the District shall have no further custody, care, responsibility or liability with respect to this (these) student(s).

Signature of Parent(s) Date

Signature of Parent(s) 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 _____
