

# The Bridge of Hope Academy

Permission to release student to someone other than  
parents/guardians.

I give permission to release \_\_\_\_\_ to the following person(s). ID  
is required. (Student Name)

Name	Relationship	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date