

REQUEST FOR RELEASE OF STUDENTS TO ANOTHER ADULT

_____ is/are in the custody of the Elko County
Student(s) Name(s)

School District and its employees on a trip for a school-sponsored activity, namely

_____ in _____ on _____
School Name and Activity Location Date

We, the parents of _____ request the District to release my
Student(s) Name(s)

(our) child(ren) into the custody of _____. From the
Name of Person Student(s) being released to

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

Signature of Parents(s) Date

Signature of Parents(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

