



Student Services Department

## Release of Student to Outside Agency

This form must be completed before a student is released to an outside agency.

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

School: \_\_\_\_\_

THE ABOVE-NAMED STUDENT IS HEREBY RELEASED TO THE CUSTODY OF:

Name of Agent: \_\_\_\_\_

ID Number: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Purpose for release of the student from school:


Location to which the student is being taken:


Date: \_\_\_\_\_ Time: \_\_\_\_\_

Outside Agency Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Alachua County Public Schools:

Authorized Signature: \_\_\_\_\_