



**Alachua County Public Schools
Head Start Program**

Release of Student to Outside Agency

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

Student Name: _____ Student No.: _____
School: _____ Date: _____

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:

Date: _____ Time: _____ a.m. p.m.

Receiving Agent's Signature: _____

School Principal or Designee's Signature: _____