

MUSKINGUM

U N I V E R S I T Y

PERMISSION TO RELEASE

Child's Name _____

Parent's Name _____

Home Phone _____

Work Phone _____

Parent's Name _____

Home Phone _____

Work Phone _____

I give MUCCD permission to release my child(ren) to the following people:

Name of Person	Relationship to Child	Phone#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If there is a change in persons, I will notify the program immediately.

Signature of Parent/Guardian

Date

Saved Under: Permission to Release 2021