

**2019 Governor's School for Agriculture
Parent's Weekend/Graduation Pick-Up Release Form**

I give permission for _____ to be
(student name)

released to _____ on the following dates (check all that apply):

____ July 6, 2019 (Saturday, 1st day of parent weekend)

____ July 7, 2019 (Sunday, 2nd day of parent weekend)

____ July 20, 2019 (Saturday, Graduation day)

The relation of this person to my child is (ex: friend, sister, aunt) _____

The person can be contacted on their cell phone at _____

*** The person checking out a Governor's School student must be 21 years or older, and must provide ID***

By typing or drawing my signature below, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.

Parent Name (please print)

Parent Signature