



AUTHORIZATION TO RELEASE

Date: _____

TO: Springville Middle School
Springville, Alabama

From: Parent or Legal Guardian of

Child's full name (please print)

REF: Permission to Release

I authorize KidSuccess Ministries, Inc and/or Springville Middle School to release my child (named above) to KidSuccess Ministries, Inc at Springville First United Methodist Church at the end of the school day.

I also authorize Springville Middle School to release progress reports, homework assignments, and other information that is beneficial to KidSuccess Ministries, Inc. and my child.

My signature below attest that I am the parent or legal guardian of the child named above. I understand this authorization and agree to release Springville Middle School from any liability arising from this authorization.

Parent or Legal guardian (print)

X _____
Parent or Legal Guardian (signature)

Address

X _____
Second Parent or Legal Guardian (signature) if needed

City, St, Zip

NOTE: A separate release form is required for each child.

An Outreach Ministry of

Springville First United Methodist Church

6471 U.S. Highway 11 † Springville, Al 35146 † (205)467-7866

REV: May 1, 2008