

## Student Services Department Release of Student to Outside Agency

This form must be completed before a student is released to an outside agency.		
Stude	ent Name:	
	ent Number:	
School	ol:	
THE ABOVE-	NAMED STUDENT IS HEREBY RELEASED TO THE CUSTODY OF:	
Name of Agent:		
	mber:	
Name of Agency:		
Contact Telephone Number:		
Purpose for release of the student from school:		
	Date: Time:	
	Date: Time:	
Outside Agency Name:		
	Authorized Signature:	
Alachua Cou	inty Public Schools:	
Alachua County Public Schools:  Authorized Signature:		

Form No.: STU-2324-041 – Release of Student to Outside Agency/Student Services General New Date: 5/20/24 Distribution: \_\_\_Agency

School