



Student Services Department

Release of Student to Outside Agency

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

Student Name: _____

Student Number: _____

School: _____

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: _____

Outside Agency Name: _____

Authorized Signature: _____

Alachua County Public Schools:

Authorized Signature: _____