BURBANK UNIFIED SCHOOL DISTRICT EMERGENCY OPERATIONS

STUDENT REQUEST/RELEASE FORM

STEP 1: STUDENT REQUEST

| | (To be | Request Completed by Parent/Reque | estor) |
|--|-------------------|--|--|
| I/We request that | Last Name | PLEASE PRINT | First Name |
| be released to | Print vour n | ame | Relationship to Student |
| | on emergency c | ard, parent must have sign | ned appropriate release space |
| Our intended destin | ation is | Location including addres | s if possible |
| STEP 2: TEACHI | | <u>Release</u> Completed by School Perso | nnel) |
| | | Runner Form | |
| | Room/Loca | tion #Grade | |
| | (Teacher | to complete bottom portion | of box) |
| | Absent | | |
| | First Aid | | |
| | Missing | | |
| | Sent with | Runner | |
| STEP 3: RELEAS | E GATE | | |
| Requestor or | n emergency car | rd | |
| Requestor N being release emergency of | ed to the request | cy card but student recognizer. Parent has signed appropriately. | res him/her and feels comfortable opriate release space on |
| Time of ReleaseSignature of Person to Whom | | | nom Student is being Released |
| Date of Release | | Signature of Person Relea | sing Student |
| STURELEANEW – 8/02 | | Signature of Ferson Relea | sing student |