



**Student Transportation
Release Authorization for Individual Student Travel (Third Party Release)**

Date: _____ School: _____

Activity: _____
Activity Location Dates

I give permission for _____ to ride home from
Name of Student

Location _____ with _____
Name of Adult over 21

If you have any questions, my contact information is:

Home Phone: _____ Cell Phone: _____

Parent or Guardian: _____

Date: _____

Administration: _____

Date: _____

*Please Note: This permission slip must be completed, signed by the parent/guardian and authorized by the school principal or their designee **PRIOR** to the student's departure for an event or activity. The school must provide a copy to the bus supervisor before bus departure.*