



AUTHORIZATION TO RELEASE

Date: \_\_\_\_\_

TO: Springville Middle School
Springville Elementary School
Springville, Alabama

From: Parent or Legal Guardian of \_\_\_\_\_
Child's full name (please print)

REF: Permission to Release

I authorize KidSuccess, Inc and/or Springville Middle and/or Elementary School to release my child (named above) to the KidSuccess after school program at the end of the school day.

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

My signature below attest that I am the parent or legal guardian of the child named above and my understanding and agreement to release Springville Middle and/or Elementary School from any liability arising from this release.

\_\_\_\_\_  
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.