

Greenwich Central School District
REUNIFICATION STUDENT RELEASE FORM

First section completed by the adult picking up a student

Please Print

Student's Name _____

Teacher _____ Grade _____

Name of Adult Picking up the Student _____

To be filled in by Reporting Point staff

Proof of I.D. Yes _____ No _____

Emergency card gives permission for pickup by this adult Yes _____ No _____

To be taken by runner

Student's Status
To be filled in by Holding Area staff

Sent with Runner
Not Available for Release Absent First Aid Hospital Missing Other

Comments: _____

To be filled in by Release Point Staff

Confirm the student is being matched with the correct adult. Have the requesting adult sign for the student.

Parent/Guardian/Care Giver Signature _____

Date _____ Time _____ Staff Signature _____