



## Pickup Authorization

Dear Parents/Guardian,

Please list the name and telephone number for three (3) people you authorize, Southeast Texas Family Resource Center, to allow your child/children to leave this childcare operation with.

Children will ONLY be released to a parent or person designated by the parent/guardian after verification of ID. If we do not have this information your child/children cannot be released with anyone not listed below.

Thank you in advance with your help in this matter.

### **AUTHORIZED PERSON**

### **PHONE NUMBER**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Date