STUDENT AUTHORIZATION/RELEASE OPTIONS

VISUAL ART ACADEMY STUDENT NAME: ________________________________

AUTHORIZATION FOR PICK UP
The University of Alaska Protection of Minors on Campus policy requires that students be signed out every day from the UAF Visual Art Academy. Please provide the names of people authorized to sign out and pick up your child.

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________

AUTHORIZATION TO WALK/BIKE HOME
___Yes, my child has permission to leave the Visual Art Academy and walk/bike home or to parent or guardian’s work place without adult supervision. I understand that UAF and Visual Art Academy staff are not responsible for my child’s safety after he/she leaves. Walkers/bikers will not be allowed to leave until after the end of their last class of the day unless they have permission from their parent or guardian has been granted.

___No, my child does not have permission to walk/bike home.

AUTHORIZATION TO RELEASE CHILD WITHOUT DAILY SIGN IN
___Yes, I would like to release myself from the daily required signing in and out of my child during the two week program, Visual Art Academy; please use this signature as the authority to release my child and accept my child during all days of this program. I understand by signing this I am responsible for my child for all times outside of the scheduled program. If they are to be picked up or dropped off at times different from the regularly scheduled times it is my responsibility to notify the program of my child’s differing schedule.

___No, I do not want to release myself from the daily required signing in and out of my child. I understand that I WILL sign my student in and out at the office on a daily basis.

Parent/Guardian Signature __________________________________________ Date _____________

Parent/Guardian Name Printed: __________________________________________