VISUAL ART ACADEMY STUDENT AUTHORIZATION/RELEASE OPTIONS

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 RELEASE CHILD WITHOUT DAILY SIGN IN AND OUT

___ I would like to release myself from the 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 program and that UAF and the Visual Art Academy is not responsible. 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.

Parent/Guardian Signature _____________________________________________ Date ____________

Parent/Guardian Name Printed: ____________________________________________