



INTERMOUNTAIN  
**ADVENTIST**  
 ACADEMY  
 Grand Junction Colorado

1704 N. 8th Street  
 Grand Junction, CO 81501  
 Phone 970-242-5116  
 Fax 970-242-5659  
 admin@iaagj.com

*Where Character and Intellect Walk Hand in Hand.*

## Child Release Authorization

**Student's Name** \_\_\_\_\_

Please list all those who are authorized to pick up your student from school, school activities, etc., and their relationship to your student (Mother, Father, Grandparents, Friend, etc.)

**Name:**

**Relationship to student:**

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By signing this child release authorization list, you are giving the above listed persons permission to pick your student up from school and school functions.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date