

**PERSONS AUTHORIZED TO REMOVE CHILD FROM HTLS  
(Pick Up Authorization List)  
2022-2023**

Date \_\_\_\_\_

**HTLS STAFF WILL RELEASE A CHILD ONLY TO THOSE PERSONS LISTED BELOW.**

- **PARENTS MUST ALSO BE LISTED ON THE FORM.**
- **If a person listed below is unknown to HTLS Faculty or Staff, he or she will be required to show legal photo identification before the child is released.**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I, \_\_\_\_\_, give my permission to the Faculty and Staff of  
Parent's Name

Holy Trinity Lutheran School to release my child, at any time, to the person(s) listed below:

Name	Relationship	Phone	Effective Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special Instructions:** \_\_\_\_\_

**Updates to Pick Up Authorization List:** Please check one of the following if you are modifying the original form.

\_\_\_\_\_ Replaces all previous lists

Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Add the above names as of the effective date indicated

Date \_\_\_\_\_ Signature \_\_\_\_\_