



Victor Valley Seventh-day Adventist School

Where Excellent Education and Core Christian Concepts Meet

17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 vvsda.com

STUDENT RELEASE FORM

Student's Name _____
Last First Middle

For your child's safety, please provide the name and phone number for person(s) you wish to designate as authorized individuals to take your child off campus.

Please note that in the event of a major disaster that causes structural damage to the school (i.e., fire, earthquake, explosion, flood, etc.), students will be released to authorized individuals ONLY. **There will be no exceptions.** Those authorized must be adults (18 years or older).

Please PRINT clearly. This form must be on file for each child.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Signature of Parent or Guardian

Date/Grade

This authorization will remain in effect for the current school year or until revoked in writing.