

DUTCHESS COMMUNITY COLLEGE
CHILD RELEASE FORM

I hereby authorize Dutchess Community College to release my child,

_____ to the following persons:

Child's Name

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

List two neighbors or nearby relatives who will assume temporary care of your
child/children if you cannot be reached in the event of illness or emergency closings.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Please Print Name of Parent or Guardian Signature

Date _____