

*SUMMER ACADEMIC PROGRAM
FOR ELEMENTARY SCHOOL STUDENTS*

Form #3: Authorization to Pick-Up Form

Name of Child: _____ Grade: _____

Name of Parent(s)/Guardian(s): _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

To allow adults other than parents/guardians to pick-up children, this form must be returned before the start of the program or we will not be able to release your child. Once the program begins changes take 24 hours.

Information for Individuals Authorized to Pick-Up Child

Name	Relationship	Cell Phone #	Home Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Parent Signature: _____

Please mail form within one (1) week of registering for classes to:

California State University, Northridge
18111 Nordhoff St.
Attention: SAPESS, Box 49
Northridge, CA 91330-8265
(818) 677-2621; (818) 677-5723 Fax

SAPESS office: Sierra Hall 120 (Opens June 21)
(818) 677-4886; (818) 677-4885 Fax
Email: sapess@csun.edu