

*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.

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:

Department of Elementary Education
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