

# Authorization Release Form

Name of the parent /Guardian: \_\_\_\_\_

Address of the parent/Guardian: \_\_\_\_\_

Contact No \_\_\_\_\_ Email ID \_\_\_\_\_

Name of the person to whom you give authority \_\_\_\_\_

Address of the person to whom you give authority \_\_\_\_\_

Name of the child \_\_\_\_\_ Age of the child \_\_\_\_\_

What are the reasons to take this step? \_\_\_\_\_

What are the various powers given to the caretaker for your children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date on which the authorization will begin \_\_\_\_\_

What will be the duration of the authorization? From Date \_\_\_\_\_ to  
Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Place of Signing \_\_\_\_\_